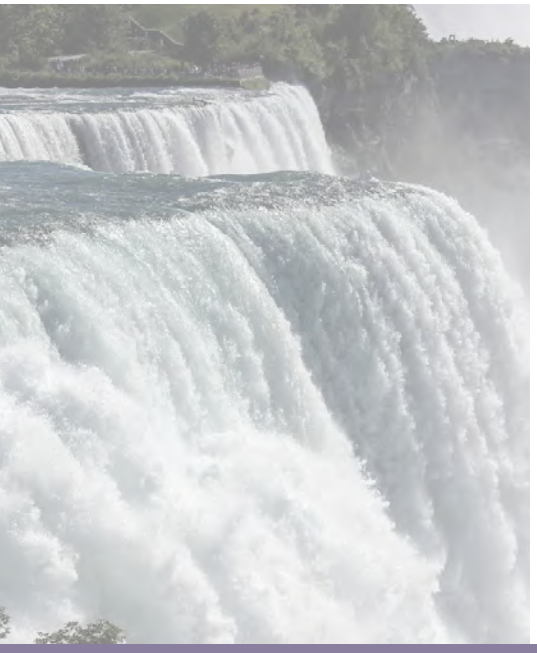


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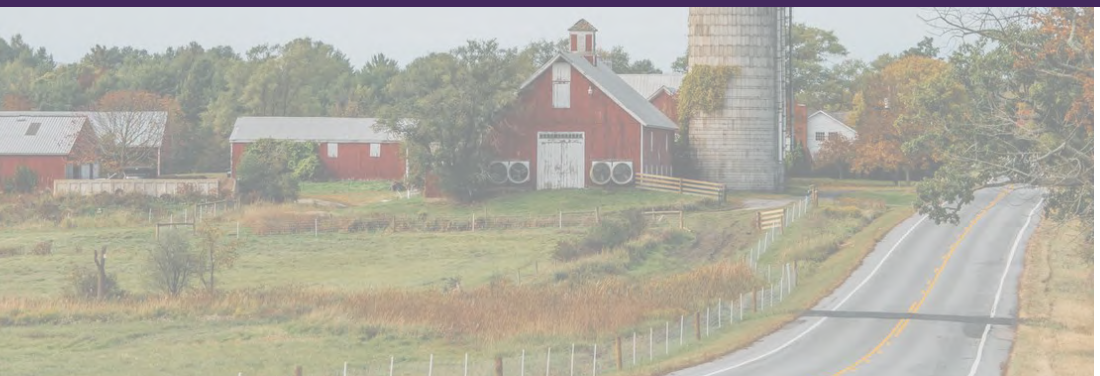
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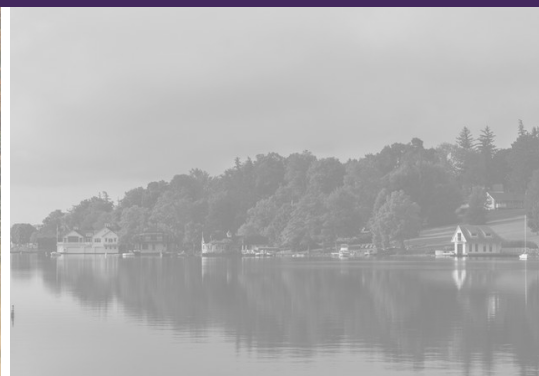




NEW YORK STATE'S STRATEGY FOR SUICIDE PREVENTION

2026-2030





Dedication

1,700 Too Many: New York State's Strategy for Suicide Prevention is dedicated to the lives lost to suicide and to the families, friends, and communities who carry their memories forward. Their lives mattered. Their stories, love, and the advocacy of those who honor them continue to inspire action and change.



Introduction

1,700 Too Many: New York State's Strategy for Suicide Prevention (2026–2030) reflects New York State's Office of Mental Health's ongoing commitment to preventing suicide and reducing its profound impact on individuals, families, and communities. As the 15th leading cause of death in New York, suicide claimed 1,717 lives in 2023, underscoring the need for sustained, coordinated efforts for its prevention. This updated strategy acknowledges the complex factors that contribute to suicide and outlines a unified, cross-sector approach to prevention, support, and early intervention.

This 2026–2030 strategy builds on the foundation of the 2016-2017 plan, *1,700 Too Many: New York State's Suicide Prevention Plan.* The updated strategy acknowledges the continued loss of life to suicide and New York's ongoing efforts to advance prevention efforts using the latest knowledge and insights. It also aims to inspire and mobilize individuals, organizations, communities, and state agencies alike to take meaningful action across the state. Serving as a powerful reminder that each life lost is one too many, the title of the strategy acknowledges this truth while reaffirming the need for a sustained and coordinated response to reduce suicide across the state.

Aligned with the 2024 *National Strategy for Suicide Prevention* (NSSP), New York State's Strategy builds upon the NSSP's four strategic directions and introduces a fifth: Amplifying Support for Communities with Suicide Disparities in New York. In addition, New York has adapted the NSSP's 15 national goals into 20 state-specific goals that are tailored to local needs and designed to promote collaboration across public health, healthcare, community organizations, and individuals with suicide-centered lived experience. Together, these directions and goals offer a framework for coordinated action and lasting impact statewide.

This renewed strategy emphasizes strengthening data systems, addressing emerging disparities, and deepening collaboration among state agencies, healthcare systems, and community organizations. ***1,700 Too Many: New York State's Strategy for Suicide Prevention (2026–2030)*** reinforces the state's commitment to a coordinated, evidence-informed approach while empowering communities, elevating voices of those with suicide-centered lived experience and advancing the shared goal of building suicide-safer communities across New York.

Together, this Strategy, the New York State Suicide Prevention Task Force Report, and the New York State Comprehensive Action Plan make up the ***New York State Roadmap for Suicide Prevention***. Collectively, they reflect the state's commitment to a coordinated, community-informed approach to suicide prevention that drives meaningful, lasting change.

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Executive Summary

Suicide remains a significant public health issue in New York State, ranking as the 15th leading cause of death and tragically taking the lives of 1,717 New Yorkers in 2023. Although New York State has one of the lowest suicide rates in the nation, the emotional, social, and economic toll on individuals, families, and communities is still profound. Addressing this complex issue requires a coordinated, cross-sector approach that unites state agencies, county leaders, healthcare systems, schools, and communities, especially those most impacted by suicide, to reduce suicide and save lives.

In April 2024, the U.S. Department of Health and Human Services (HHS) released an updated **National Strategy for Suicide Prevention,** (NSSP), along with an accompanying Federal Action Plan. The NSSP provides a renewed framework to guide and strengthen suicide prevention efforts nationwide. In alignment with this updated national strategy, the New York State Office of Mental Health (NYS OMH), in collaboration with the New York State Suicide Prevention Council and a range of subject matter experts, including individuals with suicide-centered lived experience, has developed its own strategy, ***1,700 Too Many: New York State's Strategy for Suicide Prevention (2026–2030),*** to reflect current priorities, evidence, and community voices.

Building on the foundation of **New York State's 2016- 2017 Suicide Prevention State Plan**, ***New York State's Strategy for Suicide Prevention ("The Strategy")*** provides a statewide framework to reduce suicides through evidence-based and community-driven approaches. It emphasizes the importance of collaboration, equitable access to effective care, and tailored programs and interventions that meet the needs of diverse populations across the state.

The Strategy is organized around five strategic directions aligned with the structure of suicide prevention within OMH SPCNY and its advisory board, the New York State Suicide Prevention Council. This alignment ensures strong leadership, coordination, and accountability, and positions New York State to deepen its impact by building on existing infrastructure, enhancing collaboration, and driving sustainable progress.

Woven throughout the Strategy are three guiding themes: advancing suicide prevention for populations at higher or rising risk through effective use of data, centering the voices of those with lived experience to ensure efforts are relevant and accessible, and applying innovative research methods and data sources to strengthen accuracy and impact.

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Grounded in these themes, the five strategic directions define New York State's approach to suicide prevention through coordinated action and sustained impact:

Strategic Direction #1: ***Strengthening the Foundation of Suicide Prevention Through Surveillance, Research, and Quality Improvement***
Enhancing the use of data to identify emerging trends, evaluate the effectiveness of interventions, and drive informed decision-making. Ensuring suicide prevention efforts remain evidence-based, responsive, and aligned with the evolving needs of New Yorkers, especially for those populations disproportionately impacted by suicide.

Strategic Direction #2: ***Ensuring Equitable Access to Suicide Prevention Care***
Transforming systems to ensure that every New Yorker can access timely, effective, and culturally responsive suicide prevention care. Strengthening the workforce, reducing structural and systemic barriers, and embedding equity across healthcare, crisis response, and community settings. Fostering collaboration, research, and innovation to ensure interventions are sustainable and responsive to the diverse needs of individuals and communities across the state.

Strategic Direction #3: ***Amplifying Support for Communities with Suicide Disparities in New York***
Addressing suicide risk among eight populations with suicide disparities based on national trends and state surveillance through targeted, data-informed, and community-driven strategies that reflect interest holder input. Ensuring approaches are culturally relevant, grounded in suicide-centered lived experiences, and responsive to those most impacted.

Strategic Direction #4: ***Expanding Effective Community-Driven Suicide Prevention***
Embedding suicide prevention into everyday life by fostering strong local partnerships, advancing education and training, promoting lethal means safety, and strengthening postvention support. Promoting a culture of shared responsibility by integrating suicide prevention across schools, workplaces, neighborhoods, and other community settings through proactive engagement and improved communication.

Strategic Direction #5: ***Advancing Clinical Suicide Prevention and Crisis Response***
Integrating evidence-based suicide prevention practices across healthcare settings and enhancing the capacity of crisis response systems to provide timely and effective support. Expanding access to specialized mental health services, promoting the use of proven treatment models, addressing disparities in care, and ensuring healthcare professionals are equipped through ongoing training.

Each strategic direction is supported by goals adapted from the NSSP and reframed for New York State. These goals are further advanced through specific objectives that outline specific actions, while *Resources to Consider* provide evidence-based and evidence-informed tools and examples to inform and support efforts to help achieve the outcomes described in *What Success Looks Like*.

The success of ***1,700 Too Many: New York State's Strategy for Suicide Prevention (2026–2030)*** depends on a skilled and supported workforce, robust data systems, and sustained leadership and commitment from state agencies and policymakers. Its greatest strength, however, lies in the collective efforts of communities, individuals, families, and those with suicide-centered lived experience, whose voices, insights, and compassion bring depth and meaning to this work.

Suicide prevention is a shared responsibility that extends across every part of society. It calls for a united, statewide effort where every New Yorker can contribute to building a culture of care, connection, and prevention. This Strategy offers an evidence-informed framework to guide action, empower communities and foster hope across the state.

The Voices of New Yorkers with Suicide-Centered Lived Experience

Integrating the voices of New Yorkers with suicide-centered lived experience—defined here as belonging to any one of the following three groups: individuals who themselves have experienced suicidal thoughts or behaviors, those bereaved by a suicide loss, and/or anyone who has supported a suicidal loved one—is a core value of the New York suicide prevention approach. In June of 2025, with help from our partners, OMH SPCNY reached out to a diverse group of New Yorkers with suicide-centered lived experiences. Individuals were invited to complete a brief survey that asked them to define what success looks like for suicide prevention in New York State from their perspective and to share feedback on the five strategic directions of this Strategy. Eighty-six individuals responded with an average completion time of 55 minutes! Select quotes from survey respondents are included throughout the Strategy.

A qualitative analysis of the responses revealed three core themes: the need for systemic improvement, education and training, and funding. Recommendations for systemic improvements encompassed an array of topics at the individual, family, and community levels. Well-trained professionals and informed community stakeholders were identified as essential in the implementation and evaluation of responsive and collaborative suicide prevention initiatives. The creation of community-peer support efforts was also suggested to promote mental health, reduce stigma, and respond to social isolation and loneliness. The importance of a statewide collaborative partnership approach inclusive of public and private sectors was identified as paramount to the equitable allocation and distribution of resources and funding for suicide prevention. **Suicide prevention was seen as a path to a community of care, awareness, connectiveness, and mental health promotion for all New Yorkers.**

In summary, respondents called for comprehensive suicide prevention that is relevant, accessible, equitable, and culturally sensitive to the communities being served. They highlighted the need for a person-centered approach through which individual's needs, values, and experiences are attended to with compassion and understanding.

> ***"I envision a State where people don't think of killing themselves because they have meaningful and rich lives; people are aware of a continuum of resources to address the drivers of suicide and believe that it is ok for people like themselves to access them; a broad spectrum of helpers (MH providers to Law Enforcement, Pastors, Teachers, Business Owners, Parents, Classmates, and Friends) hold nonjudgmental views of people who are struggling and are confident and competent in their abilities to assist; partnership by clinicians, policymakers, community leaders, and researchers to develop and deploy novel and effective interventions to reduce the risk of suicide throughout the suicidal pathway; and low- or no-barriers to accessing mental health and other resources throughout out the state."***
>
> *– Carl LoFaro, Suicide-Centered Lived Experience Survey Respondent*

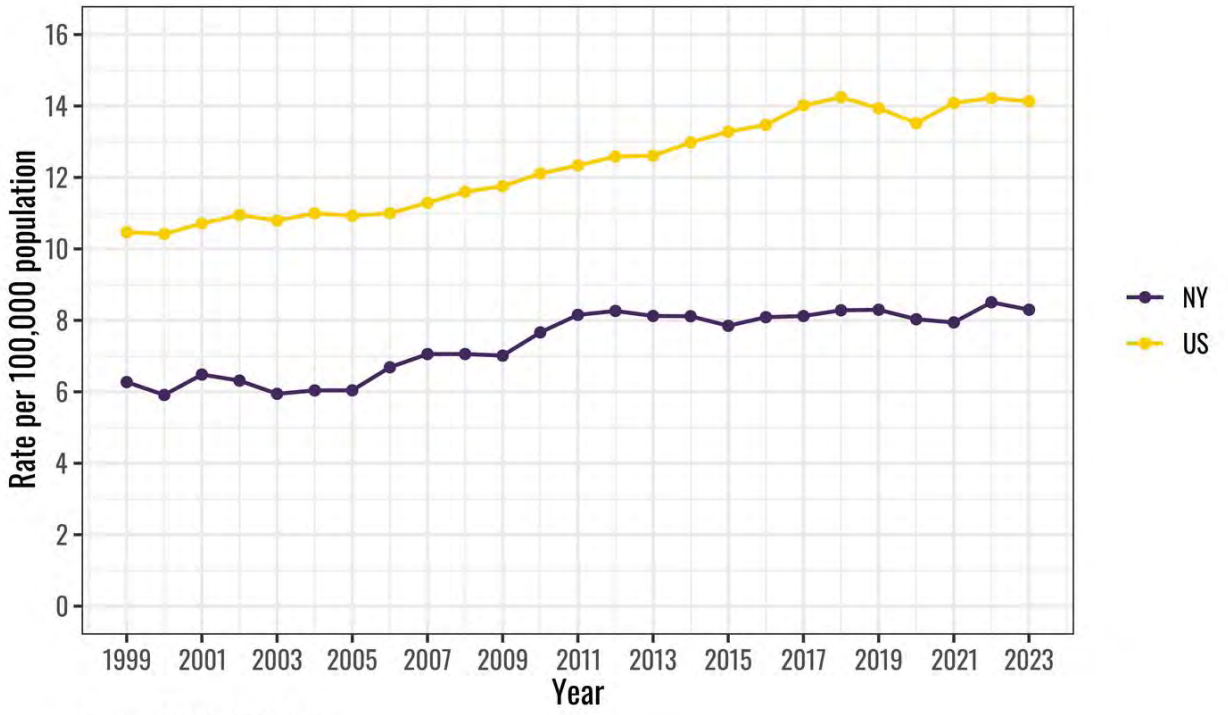
A Brief Summary of New York State Suicide Data

Suicide in New York State

New York State has one of the lowest suicide rates in the nation. In 2023, there were 8.8 suicides for every 100,000 New Yorkers, compared to the national rate of 14.7 per 100,000[1]. Only one other state and the District of Columbia had lower age-adjusted suicide rates in 2023. However, because of New York's large population, it ranks higher in the *number* of suicide deaths per year; in 2023, only 5 other states (TX, CA, FL, PA, OH) had more suicide deaths. In 2023, deaths by suicide in New York State cost $17.79 billion; of that, $10.09 million were medical costs and the rest were related to lost work productivity[2].

Figure 1 below shows age-adjusted suicide mortality rates in New York and the United States between 1999 and 2023.[1] Analysis of time trends showed that New York experienced a significant increase in suicide rates between 2004 and 2011 at an average annual percent change of 4.2%, with rates remaining stable afterwards. In the US, rates increased between 1999 and 2006 and between 2006 and 2017 but remained stable afterwards.

Figure 1: Age-adjusted Suicide Rates, NY and US, 1999-2023

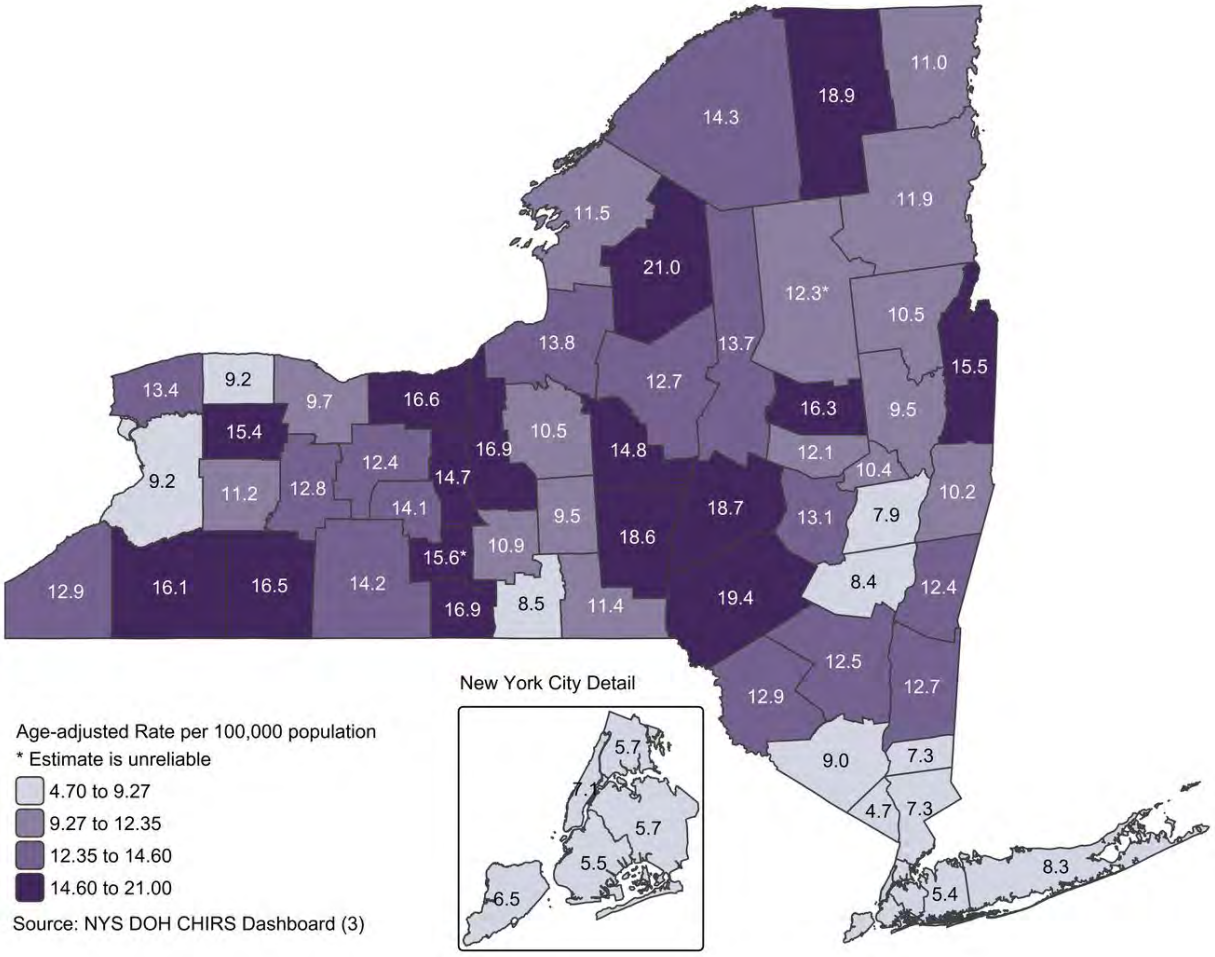


Source: CDC WONDER (1)

Geographic Distribution of Suicide Deaths

Suicide rates vary greatly by county and region (see Figure 2). New York State is geographically diverse with large and small cities, suburbs, and large expanses of rural areas. Among New York's regions, the Mohawk Valley has the highest suicide rate with a three-year (2020-2022) age-adjusted rate of 14.7 per 100,000 (NYS DOH CHIRS Dashboard[3]). Although New York City is the region with the lowest suicide rate (6.0 per 100,000 age-adjusted), it has the highest number of suicide deaths with 1,605 suicide deaths between 2020 and 2022.

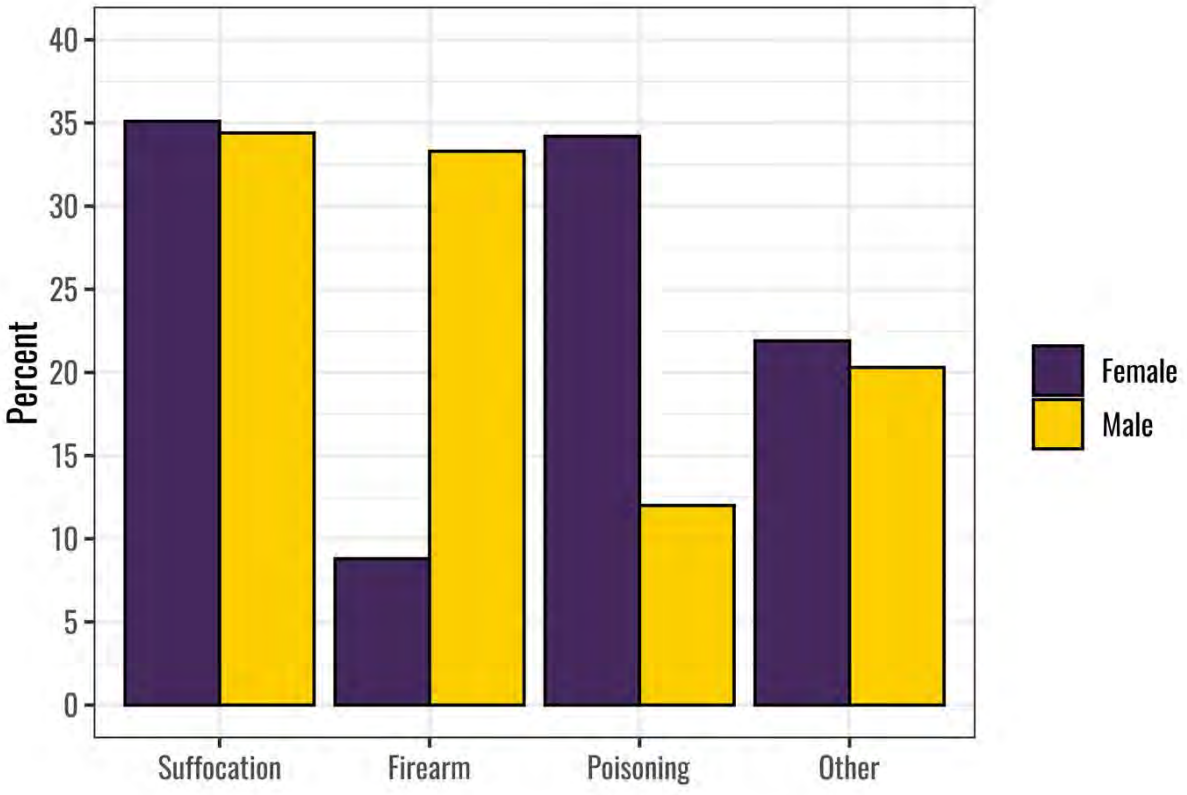
Figure 2: Age-adjusted Suicide Death Rate, 2020-2022



Lethal Means of Suicide

Between 2021 and 2023, the most prevalent lethal means of suicide in New York were suffocation (34.6%), firearm (27.7%), and poisoning (17.1%). New York differs from the United States, where firearms accounted for more than half of suicide deaths (54.9%) during that time period. Lethal means in New York differ by sex, particularly for firearms and poisoning (see Figure 3). Between 2021 and 2023, firearm suicides were more common among males, while poisoning suicides were more common among females[1].

Figure 3: Percent of Suicide Deaths by Lethal Means among Males and Females, 2021-2023



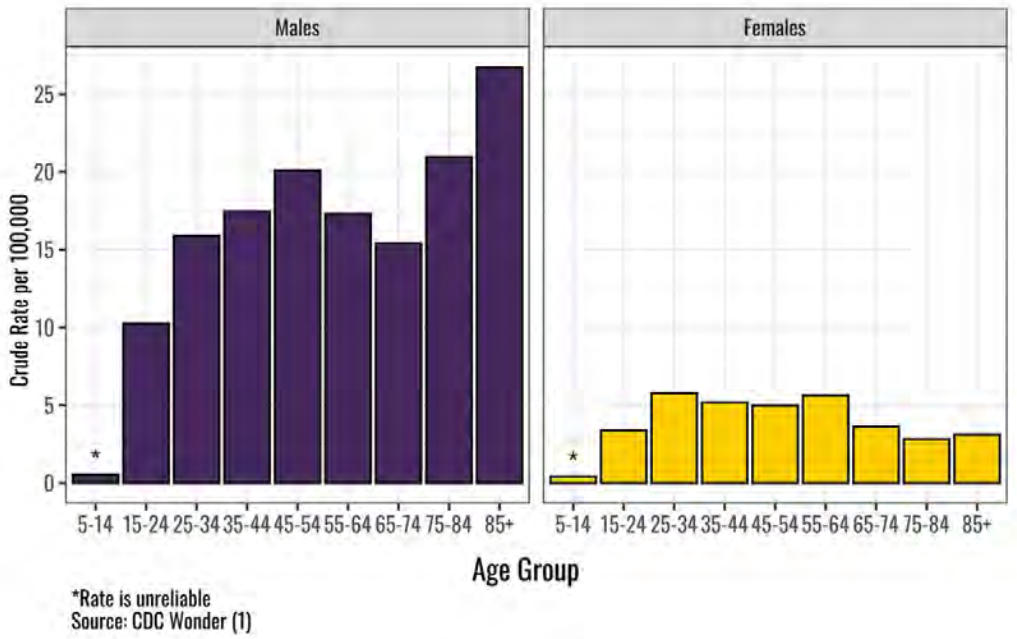
Source: CDC WONDER (1)

Demographics

Consistent with national trends, the suicide rate among males in New York (13.7 per 100,000 in 2021-2023)[1] is 3.5 times the rate among females (3.9 per 100,000 in 2021-2023)[1]. Higher risk among males is not explained by greater use of firearms – between 2021 and 2023 rates of non-firearm suicide were 2.6 times as high among males than females.

For both males and females in New York, suicide rates are low during childhood and higher during middle age. For males, rates increase again during old age and are highest for those age 85 and older (26.73 per 100,000 between 2021 and 2023)[1].

Figure 4: Suicide Rates by Age Group among Males and Females, 2021-2023



Between 2021 and 2023 and across all ages, age-adjusted suicide rates in New York were highest among non-Hispanic White persons (10.4 per 100,000), followed by non-Hispanic Asian (5.69 per 100,000), non-Hispanic Black (5.45 per 100,000), and Hispanic (5.20 per 100,000) persons, and non-Hispanic persons of more than one race (4.58 per 100,000). Nationally, high age-adjusted suicide rates are also seen among non-Hispanic American Indian or Alaska Native persons (26.32 per 100,000) and non-Hispanic Native Hawaiian or Other Pacific Islander persons (14.76 per 100,000) during the same time period[1]. Misclassification of race and ethnicity on death certificates has been documented[4] and may impact these estimates.

Selected Risk Factors

History of Suicide Attempts

A history of suicide attempt is the strongest risk factor for suicide death. For example, a California-based study found that patients visiting the Emergency Department for intentional self-harm (which includes suicide attempts) were more than 50 times as likely to die by suicide within one year as the general population[5]. However, it is important to note that most people who attempt suicide do not go on to die by suicide, underscoring the importance and potential impact of interventions for this group.

Mental Health Disorders

Mental health disorders such as depression, bipolar disorder, and schizophrenia are also strongly associated with heightened risk of suicide. For example, the suicide rate for those served in the New York State public mental health system between 2009 and 2012 was 38.8 per 100,000, almost five times the rate of the general population (https://omh.ny.gov/omhweb/dqm/bqi/suicideasaneverevent.pdf). Among New York decedents in the National Violent Death Reporting System (NVDRS), current mental health problems were identified in 59% of suicides between 2020-2022 with available circumstance information. Since mental health disorders may not be disclosed to others or discovered during investigation following a suicide death, the true percentage may be higher.

Alcohol and Drug Use

Like mental health disorders, substance use disorders are associated with heightened suicide risk. Between 2020 and 2022 in New York, alcohol dependence and other substance abuse problems were identified in 13.4% and 15.5% of suicide decedents, respectively, with circumstance information available in the NVDRS[6]. Alcohol and drug use are also associated with reduced inhibition, which could increase suicide risk in the short term[7].

Adverse Childhood Experiences

Adverse childhood experiences (ACEs), as well as other forms of trauma, have been associated with suicidal behavior. In the 2021 New York Behavioral Risk Factor Surveillance System survey, adults who reported experiencing more ACEs were more likely to report serious thoughts of suicide in the past year. Of particular concern is research that suggests this risk endures well beyond childhood and adolescence into adulthood. While estimates vary, one study found that individuals exposed to several adverse childhood experiences, including childhood trauma, were over 10 times as likely to report attempting suicide during adulthood[8].

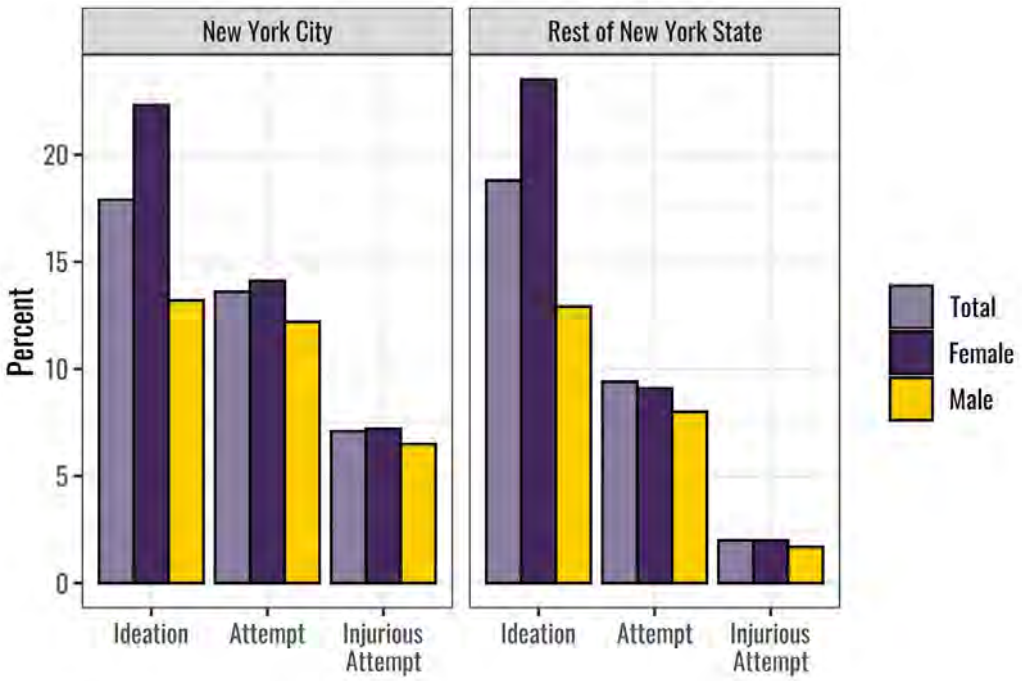
Non-Suicidal Self-Injury

Engaging in non-suicidal self-injury (NSSI), injuring oneself without the intent to die, is a recognized risk factor for suicide, particularly among adolescents and young adults. One longitudinal study of college students found individuals reporting a history of NSSI were significantly more likely to experience subsequent suicidal ideation, plans, and attempts than those without a history of NSSI[9]. It has been suggested that NSSI may be a "gateway" behavior to suicide and that it may reduce inhibition to suicidal behavior[10].

Suicidal Thoughts and Suicide Attempts

The number of suicide deaths does not fully capture the extent of the problem of suicidal behavior. For every suicide death, there are an estimated 25 non-fatal suicide attempts. Suicidal thoughts and attempts tend to be more common among adolescents and youth than among adults, and more common among females than males. Among adult New Yorkers surveyed between 2022 and 2023, 4.80% reported serious thoughts of suicide in the past year, including 10.66% of 18-25 year-olds and 3.93% of those over age 25. Furthermore, 0.56% reported attempting suicide in the past year, including 2.08% of 18-25 year-olds and 0.33% of those over age 25[11] . In 2022 in New York, there were 4.4 hospitalizations for self-inflicted injuries for every 10,000 residents[12]. The NYS Department of Health syndromic surveillance program estimated that in 2023 there were over 63,000 emergency department visits related to suicide (including suicidal thoughts, suicide attempts, and intentional self-harm) to hospitals outside of New York City alone[13]. In the 2023 New York High School Youth Risk Behavior Survey, 17.9% of New York City (NYC) students and 18.8% of students in the rest of New York State (ROS) reported seriously considering suicide in the past year; 13.6% (NYC) and 9.4% (ROS) reported attempting suicide in the past year; and 7.1% (NYC) and 2.0% (ROS) reported making an attempt that had to be treated by a doctor or nurse[14].

Figure 5: Self-reported Suicidal Ideation and Attempts among New York High School Students, 2023



Source: YRBS Explorer (14)

Suicide Loss Survivors: Impact on Loved Ones

The experience of suicide loss is traumatic, and the impact on family members and friends is long-lasting. Traditional estimates have held that at least six people are bereaved by each suicide death, translating to over 295,000 loss survivors per year in the US[15]. People who experience suicide loss are 65% more likely to attempt suicide than those who experienced a death by natural causes. In addition, they are 80% more likely to drop out of school or lose their jobs. It is typical for suicide loss survivors to feel extreme guilt, anger, confusion, and distress. Parents who lose a child to suicide typically have higher rates of depression, anxiety, physical problems, and divorce. Children of parents who died by suicide are at increased risk of taking their own lives.

Summary

New York has one of the lowest suicide rates in the US but ranks highly in the number of suicide deaths each year. New York's suicide rate (8.8 per 100,000 population) has remained relatively stable for more than 10 years, is higher among males than females, and is higher during middle and old age compared to younger ages. New York's suicide rate varies geographically, with higher rates in more rural counties, a phenomenon that is largely accounted for by firearm suicides. However, suicide deaths do not fully capture the burden of suicidal behavior in New York. Suicidal thoughts and suicide attempts result in thousands of hospital visits each year, and in 2023 about 18% of high school students reported seriously considering suicide during the past year. Suicide also impacts hundreds of thousands of loss survivors each year. Prevention strategies that address risk factors for suicide, including prior attempts, mental health and substance use disorders, and adverse childhood experiences, as well those that identify and supporting those experiencing suicide risk, are crucial for reducing suicide in New York.



Strategic Direction 1

Strengthening the Foundation of Suicide Prevention through Surveillance, Research, and Quality Improvement

Strategic Direction 1 focuses on enhancing the foundation of knowledge that informs and drives suicide prevention efforts across the state. At its core, the goal is to strengthen the quality, integration, and application of suicide-related data, providing actionable insights that inform targeted interventions, reduce health disparities, and increase the reach and effectiveness of evidence-based strategies. Timely, accurate data is vital in tracking trends, identifying at-risk populations, and ultimately shaping a more effective and coordinated response to suicide. By improving the collection and use of data, New York State can develop more precise suicide prevention initiatives that reflect the specific needs of diverse communities. This enables more strategic, data-driven decisions aimed at reducing suicide risk across the state and ensure that resources are directed where most needed.

Together, the goals within this strategic direction envision timely and comprehensive data systems and practices that serve as the bedrock for informed and effective suicide prevention programs throughout New York State. Through a commitment to high-quality data, research, and continuous improvement, New York State aims to strengthen the reach and impact of suicide prevention efforts for all New Yorkers.



"Strengthening the data foundation is essential - but it becomes truly powerful when it is paired with real stories and lived experiences. Centering people, not just numbers, ensures that research and evaluation lead to prevention efforts that are responsive, equitable, and rooted in human connection. By weaving lived experience into data collection and interpretation, New York can build prevention strategies that reflect not only what is happening -but why it matters and who it impacts"

Marianne Reid Schrom, John's Sister, Suicide-Centered Lived Experience Survey Respondent

Goal 1

Advance data quality and integration to facilitate comprehensive understanding of suicide and related mortality in New York.

Objective 1.1:

> Continue to improve the quality, timeliness, and scope of New York mortality and morbidity data, including data on suicidal thoughts and behaviors, as well as associated risk and protective factors.

Objective 1.2:

> Integrate data on suicide mortality, morbidity, and risk and protective factors across multiple sources to understand direct, upstream, and contextual-level contributors to suicide risk in New York.

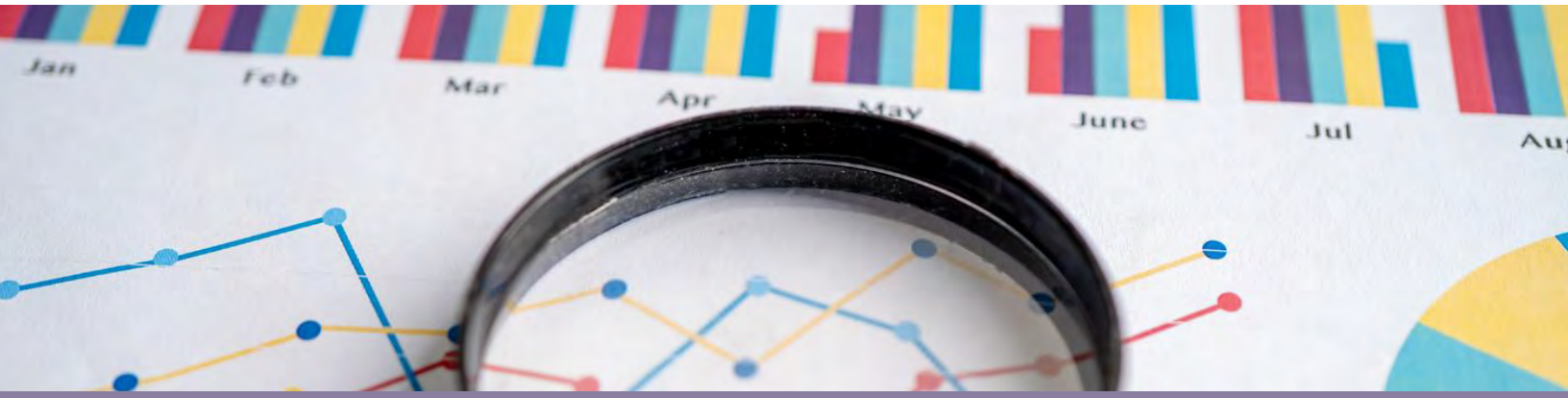
Objective 1.3:

> Integrate data on suicide morbidity and mortality with data on other causes of mortality and risk and protective factors to understand the complete mortality experience related to suicide risk in New York.

What Success Looks Like

New York State will generate comprehensive, high-quality, and timely suicide-related data that can be integrated and used to inform suicide prevention across the state. This includes ongoing improvements in the timeliness of New York's mortality data to ensure that the public release of finalized state mortality data is at least as timely as federal data, along with expanding the scope and quality of data related to health disparities, such as sexual orientation, gender identity, and race and ethnicity. In addition, strengthening our understanding of the connection between suicide risk and other causes of death (e.g. overdoses and accidents) will facilitate more integrated prevention approaches.

Increasing integration of data across state agencies can also yield new information to guide suicide prevention efforts. For example, a recent case study describes how the Utah Office of the Medical Examiner and Departments of Public Safety and Human Services linked data on suicide deaths with data on concealed carry permits and hospital and emergency department visits, which provided valuable information for firearm suicide prevention and enabled swift policy response[16]. When possible, incorporating novel data sources into integration efforts can help to enrich characterization of risk and may help inform innovative prevention strategies.



Advancements in New York's Suicide Data

The New York State Department of Health (NYS DOH) and New York City Department of Health and Mental Hygiene (NYC DOHMH) have made substantial achievements in the scope, timeliness, and quality of suicide data in recent years. In 2021, NYS DOH added suicide-related questions to the NY Behavioral Risk Factor Surveillance System survey, improving the ability to monitor the prevalence of suicidal thoughts, behaviors, and associated risk factors among New Yorkers. NYS DOH has also worked **with coroners and medical examiners** to understand the barriers and opportunities for improving reporting of drug overdose fatalities and suicides.

Both NYS DOH and NYC DOHMH conduct suicide-related syndromic surveillance to enable timely local responses to suspected changes in suicide behavior. Since 2019, NYS DOH has conducted suicide syndromic surveillance through the CDC's Emergency Department Surveillance of Nonfatal Suicide-Related Outcomes and Comprehensive Suicide Prevention programs. Syndromic data are reported daily from all emergency departments (EDs) in the state, allowing them to monitor data in near real-time for changes and patterns. NYS DOH also distributes alerts of detected temporal spikes and spatial clusters to facilitate local community response. Likewise, NYC DOHMH uses syndromic surveillance data to respond to patterns in mental health-related ED visits, including suicide attempts and suicidal behavior. In addition, NYC DOHMH's MortalSS system tracks provisional suicide death data on a weekly basis, providing timely data to guide their suicide prevention and response strategies.

New York State has also made substantial achievements in record linkage at the individual level. For example, NYS DOH has linked mortality records to statewide hospital discharge data, enabling qualified users to address specific questions about hospital-based healthcare services received prior to death. In addition, New York's statewide **All-Payer Database** brings together information on healthcare utilization from multiple claims sources. Both NYS DOH and NYC DOHMH participate in the National Violent Death Reporting system, which links mortality records for suicides and other violent deaths to law enforcement and coroner/medical examiner reports, providing valuable contextual information about suicide deaths across the state.



Goal 2

Increase utilization of multiple data sources and dissemination of actionable information to address suicide risk among populations with suicide disparities in New York.

Objective 2.1:

> Increase awareness of available data among community interest holders to facilitate data-informed suicide prevention across New York State.

Objective 2.2:

> Enhance data sharing and dissemination of actionable information to interest holders concerning suicide risk among populations with suicide disparities in New York State.

What Success Looks Like

Community interest holders across New York State will have greater awareness of and access to actionable data to guide their suicide prevention efforts, including information on suicide risk among populations with suicide disparities. This will help communities design more targeted efforts to reduce these disparities and improve outcomes. Data will be disseminated to community partners, collaborators, and interest holders who will also receive training to support the translation of data into actionable prevention activities. Ideally, this process will involve two-way communication to ensure efforts are relevant, responsive, and tailored to the needs of each focus population.

Data Integration

Data integration can occur at multiple levels. At the individual level, records from different sources about a single person may be linked using personal identifiers. This requires substantial privacy protections and coordination between agencies or offices to facilitate, but can yield valuable insights into individual-level risk factors and precipitating events to inform prevention strategies (e.g., the Massachusetts Public Health Data Warehouse). Data may also be linked at the geographic level (e.g., county, zip code) when such geographic identifiers are included in the data source, allowing for characterization of area- or community-level risk. Additionally, data on a specific population can be brought together across multiple sources without performing formal linkage; this type of conceptual integration can aid in characterizing multiple aspects of suicide risk for a particular group. Beyond the potential value of individual record linkage, data integration at the geographic, community, and conceptual levels can help to advance population health by deepening our understanding of community risk. This approach can help to identify contextual-level risk factors and correlates of suicide- and mortality-related outcomes that may shape more effective community-level prevention strategies and help reduce health disparities.

Goal 3

Continually evaluate programs and advance implementation research to improve suicide prevention in New York.

Objective 3.1:

> Evaluate the short-term, intermediate, and long-term impacts of suicide prevention programs, including intended program outcomes, risk and protective factors, morbidity, and mortality.

Objective 3.2:

> Evaluate progress on goals set forth in the state strategy.

Objective 3.3:

> Advance implementation research to help increase the availability of high-quality programs and practices across New York.

What Success Looks Like

Achieving Goal 3 means that suicide prevention programs in New York State will be continuously evaluated to ensure quality, effectiveness, and impact. This includes both intended program effects and more downstream outcomes such as risk and protective factors, morbidity, and mortality. Efforts should also be made to evaluate progress toward the goals set forth in this strategy, ensuring activities align with state priorities and providing a framework for quality improvement. In addition, New York State will conduct research to better understand the factors that affect program adaptation and sustainability across various communities and contexts. To further advance suicide prevention activities, program evaluations and implementation research should, where appropriate, use novel methods to maximize benefits for all populations, especially those at elevated risk.



Goal 4

Conduct, promote, and support research that provides actionable information to guide suicide prevention in New York.

Objective 4.1:

> Conduct, promote, and support research that increases understanding of opportunities for suicide prevention and intervention among New Yorkers.

Objective 4.2:

> Conduct, promote, and support research that increases understanding and facilitates reduction of social disparities in suicide in New York.

What Success Looks Like

Successfully conducting, promoting, and supporting research will result in an increased understanding of opportunities for suicide prevention strategies and interventions in New York State. These opportunities may exist at multiple levels, including policies, institutional procedures and practices, community contexts, and individual risk and protective factors. Research that incorporates novel methods to increase validity will promote greater understanding of social disparities in suicidal behaviors and reflect the priority topics outlined in the National Strategy for Suicide Prevention, such as youth mental health, substance use and suicide risk, and peer support services. Involving individuals with suicide-centered lived experience in the research process, including shared decision-making about research priorities, can help ensure relevance and appropriate interpretation of results[17]. Insights from research will help illuminate social disparities in suicide across New York State and, together with Goal 8, will provide clear focus areas for action by community organizations, agencies, and other interest holders.



Spotlight Story

Harnessing Data to Drive Local Prevention Strategies

Submitted by Saratoga County Department of Health (SCDOH)

Data collection and analysis are critical for developing and evaluating any public health intervention, including suicide prevention. In early 2024, the epidemiology team at the Saratoga County Department of Health (SCDOH) began implementing a comprehensive suicide surveillance system with the goal of monitoring suicide fatalities and suicide attempts in the county.

Initially, this program relied on just two data sources: the Saratoga County Coroner's Office and the Electronic Syndromic Surveillance System. Over time SCDOH incorporated a variety of additional sources including a death records database developed and maintained by SCDOH staff, 988 call data provided by Vibrant Emotional Health, poison center call data thanks to our partnership with the Upstate New York Poison Center, and most recently, Emergency Medical Services. These data sources are complementary, with each providing distinct and valuable information.

These surveillance efforts led to the creation of a web-based, interactive data dashboard that is currently being used to develop and inform the suicide prevention strategies of our partners at the Saratoga County Department of Mental Health and the Suicide Prevention Coalition of Saratoga County whose members belong to local agencies and community organizations. Utilization of this data allows for the creation and eventual evaluation of more effective suicide prevention initiatives by our partners. While national suicide data and statistics are accessible, informative, and impactful, compiling and sharing this type of data at the county level results is an even more powerful tool for cultivating change in communities.

Resources to Consider

Suicide Fatality Review (SFR): SFR, also known as Suicide Mortality Reviews (SMRs) is a promising practice to generate actionable information for suicide prevention at the local level. SFR teams are composed of members from a variety of community sectors and are charged with reviewing information surrounding suicide deaths to identify policy recommendations and opportunities for prevention. An exemplary SFR model from Washington County, Oregon, included the systematic collection of risk factors and circumstances for each suicide death using a standardized form implemented during medical death investigations. For counties with a robust culture of medical death investigation, SFR has the potential to substantially increase data quality and timeliness and data-to-action efforts at the local level. More information, including a toolkit describing recommendations and prerequisites for establishing suicide mortality review committees, can be found here. SPCNY's Suicide Fatality Review Toolkit can also be requested here.

New York State Community Health Indicator Reports (CHIRS) Dashboard: Dashboards can provide valuable suicide-related data that can be used for state and local planning, while simultaneously adhering to agency policies regarding confidentiality. The CHIRS platform offers county-level data on a wide range of health indicators, including rates of suicide mortality and self-inflicted injury. This user-friendly tool helps stakeholders explore public health data to inform planning, identify trends, and target prevention efforts. Reports can be customized by county and topic to support data-driven decision-making.

CDC Mapping Injury, Overdose, and Violence Dashboard, Injury and Violence Data: This interactive tool provides state, county, and census tract level data on a range of injury and violence topics, including suicide. Users can explore trends, compare demographics, and visualize data in a variety of formats to support surveillance, research, and prevention planning.

A White Paper on Improving the Reporting of Drug Overdose Fatalities in New York State: High-quality and timely medical death investigations are crucial for improvements to data quality, scope, and timeliness. This white paper from the New York State Department of Health outlines the vital role that coroners and medical examiners play in identifying and reporting overdose deaths. Developed by the Coroner/Medical Examiner workgroup, the white paper identifies several challenges that hinder the completeness, accuracy, and timeliness of data from medical death investigations. Recommendations include the development of a comprehensive training program for all Coroner/Medical Examiners statewide and reimbursement for death record submissions. Increasing the consistency of medical death investigation across NY counties is a key step in improving data quality and implantation of interventions across the state. Subsequently, NYS DOH will partner with Syracuse University and subject matter experts to develop a cost-free, hands-on training to new and existing coroners, medical examiners, and forensic death investigators in NYS.

CDC Collaborating Office for Medical Examiners and Coroners (COMEC): COMEC works to improve the quality and consistency of death investigation data, supporting national efforts to better understand causes of death, including suicide. The office provides technical assistance, training, and resources to medical examiners and coroners, with the goal of strengthening surveillance and informing prevention strategies.

Strategic Direction 2

Ensuring Equitable Access to Suicide Prevention Care

Equitable access to suicide prevention care is a cornerstone of an effective and compassionate statewide strategy. It reflects a commitment to ensuring that every individual, regardless of their circumstance, can access timely, effective, and appropriate care when they are in crisis or at risk. In the context of suicide prevention, equitable access means more than simply expanding services; it means transforming systems to eliminate barriers and provide care that is accessible and responsive to individuals' needs.

Suicide risk is shaped by a complex interplay of personal, social, and systemic factors, not only mental health conditions. When individuals in need encounter delays, stigma, geographic isolation, or a lack of responsive and culturally attuned care, their risk is compounded. Addressing access means recognizing that different communities require different forms of support, and that the systems designed to provide care must be built with that variability in mind.

This strategic direction calls for systemic changes that embed suicide prevention into the fabric of everyday life, including healthcare, crisis response, and social services, and community-based programs. It emphasizes the importance of establishing and supporting a well-trained, diverse workforce, aligning policies and funding to support integrated care, and ensuring that interventions are responsive to the needs and experiences of the communities they serve. It also recognizes the critical role of research and cross-sector collaboration in identifying effective approaches and strategies, informing policy, and ensuring that promising practices are shared, adapted, and sustained. Achieving equitable access requires not only reducing logistical and structural barriers, but also addressing social and cultural barriers to care, including stigma and gaps in culturally responsive services.

By advancing systemic improvements that strengthen the responsiveness and accessibility of suicide prevention efforts, New York State can reduce disparities in care and ensure all communities receive the support they need.



"This is an enormous factor in reducing suicides as many lack access to quality care. I think we also need to do a better job of teaching how to deal with mental health struggles at an earlier age. In my opinion one of the root causes to our mental health crisis is that we [don't] teach people how to deal with a mental health crisis until they are in one. ...Imagine how many suicides we could prevent if we teach children coping skills and best practices at a young age."

- Dan Egan, Suicide-Centered Lived Experience Survey Respondent

Goal 5

Improve and expand access to effective, evidence-based suicide prevention initiatives by reducing barriers to care, using data-driven decision-making, and ensuring programs are responsive to the strengths, needs, and lived experiences of communities across New York State.

Objective 5.1:

> Increase access to suicide prevention resources and services through collaborative and integrated models, ensuring individuals in communities with limited access to care can receive support in settings such as workplaces through Employee Assistance Programs, primary care, telehealth services, and school-based programs.

Objective 5.2:

> Advance suicide prevention efforts by actively engaging and collaborating with communities and individuals, including those with suicide-centered lived experience, and integrating their perspectives and expertise into program design, policies, and initiatives. ***See also Goal 12.***

- **5.2.1:** Integrate feedback mechanisms that integrate community and suicide-centered lived experience into program design, implementation, and quality improvement.
- **5.2.2:** Expand leadership and advisory opportunities for individuals with suicide-centered lived experiences across state and local suicide prevention efforts.

Objective 5.3:

> Ensure suicide prevention efforts are responsive to population-specific needs by incorporating culturally relevant approaches, language access, and data-driven insights into program design and delivery.

- **5.3.1:** Integrate language access services and outreach strategies into suicide prevention efforts to effectively engage all individuals, including those with Limited English Proficiency and those that utilize American Sign Language (ASL).
- **5.3.2:** Integrate an understanding of intersecting social, economic, and health factors such as age, socioeconomic status, geographic location, race/ethnicity, sexual orientation, disability, and chronic conditions, into the design and delivery of suicide prevention strategies and interventions.
- **5.3.3:** Strengthen data collection, monitoring, and feedback systems to support continuous quality improvement and ensure interventions and resources are responsive to population-specific trends and disparities. ***See also Goal 2.***

Objective 5.4:

> Promote upstream protective factors to reduce suicide risk among populations across New York State by fostering family and community engagement and peer support.

- **5.4.1:** Build and support community networks and programming across New York State to increase social connectedness, promote mental well-being, and reduce isolation.
- **5.4.2:** Expand and invest in peer support programs, especially those that empower individuals with suicide-centered lived experience to provide mentorship, foster connection, reduce stigma and offer guidance. ***See also Goal 10, 11 & 12.***
- **5.4.3:** Strengthen opportunities for family engagement and the involvement of natural supports in suicide prevention efforts, helping to build protective environments across communities.

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Goal 5

Improve and expand access to effective, evidence-based suicide prevention initiatives by reducing barriers to care, using data-driven decision-making, and ensuring programs are responsive to the strengths, needs, and lived experiences of communities across New York State.

What Success Looks Like

In achieving Goal 5, suicide prevention efforts across New York State will be more accessible, collaborative, and responsive to the strengths, needs, and lived experiences of all communities. Programs, services, and interventions will be shaped by data and grounded in input from various communities, including individuals with suicide-centered lived experience. Collaboration with communities facing barriers to care, including those with limited access, Limited English Proficiency, or who use American Sign Language, will help guide the development of integrated, adaptable approaches that are culturally and linguistically responsive. Expanded peer support, family engagement, and community networks will help improve connection, resilience, and mental well-being. These efforts will ensure that all New Yorkers, regardless of identity, communication needs, or location, have access to timely, effective suicide prevention supports.



Goal 6

Address the social, economic, and environmental conditions that contribute to suicide risk across communities in New York State

Objective 6.1:

> Improve access to supports and programs that promote well-being and reduce suicide risk by strengthening local capacity and supporting community-driven solutions that reflect the strengths and cultural context of each community. ***See also Strategic Direction 3.***

- **6.1.1:** Work in collaboration with nonprofits and community organizations to support and sustain existing efforts that aim to improve access to housing, financial assistance, employment, education, transportation, and food security.

Objective 6.2:

> Strengthen cross-sector collaboration to leverage resources and expand suicide prevention efforts across New York State.

- **6.2.1:** Foster collaborations between state and local government agencies and private sector entities, including universities, businesses, insurers, and nonprofit organizations, to advance suicide prevention efforts through aligned funding, programs, and partnerships.

What Success Looks Like

Communities across New York State will experience improved access to essential supports and programs that promote stability, well-being, and reduce suicide risk. Cross-sector collaborations will help address key systemic contributors to suicide risk, such as housing instability, unemployment, and economic inequity, that contribute to suicide risk. Partnerships with nonprofits, community organizations, and the private sector will strengthen local capacity and expand resources in communities most impacted by disparities. Success will also mean that supports and programs are grounded in cultural values and lived experiences of the communities they serve, ensuring that local solutions are not only accessible but also appropriate and effective. These efforts will strengthen the social and economic conditions that support well-being and reduce suicide risk across the state.



Goal 7

Develop and support a healthcare and crisis response workforce that is well-trained, resourced, and equipped to provide equitable, responsive suicide prevention services across care settings and populations.

Objective 7.1:

> Ensure access to suicide prevention training and technical assistance that prepares healthcare professionals, including clinical and nonclinical staff, resident doctors, and graduate students in fields such as social work, nursing, and education, to effectively address and respond to individuals at risk, including those in crisis. ***See also Goals 19 & 20.***

- **7.1.1:** Regularly update suicide prevention and crisis response training programs by incorporating input from individuals with suicide-centered lived experience, community expertise and emerging best practices.

Objective 7.2:

> Establish and implement professional standards, protocols, and best practices for suicide prevention interventions, crisis response, and postvention that promote collaborative, patient-centered care and address barriers to accessing services.

- **7.2.1:** Establish ethical guidelines and best practices for the use of advanced technologies, such as artificial intelligence (AI) bots and algorithms, in suicide prevention services to prevent the amplification of disparities in care.

Objective 7.3:

> Increase the number of mental health and suicide prevention professionals in New York State who reflect the communities they serve, especially those at higher risk of suicide, through targeted recruitment, scholarships, and mentorship programs.

What Success Looks Like

Successfully achieving Goal 7 will result in a healthcare and crisis response workforce that is well-trained, equipped, and prepared to meet the needs of communities across New York State. Targeted recruitment, mentorship, and career development efforts will help build a workforce that reflects the diversity of New York State. Professionals across all levels of care will receive comprehensive training in suicide prevention and crisis response, along with skills to provide culturally responsive and patient-centered care. Together, these efforts will result in a healthcare system and workforce that are better prepared to meet the needs of all communities, helping to reduce suicide risk and improve outcomes statewide.



Goal 8

Increase support for academic and community-led research focused on advancing equitable, evidence-informed suicide prevention strategies, and strengthen cross-sector collaboration to improve the dissemination and practical application of research findings and promising practices.

Objective 8.1:

> Foster collaboration between academic institutions, community organizations, and government agencies to improve the dissemination of research findings, promising practices, and lessons learned from suicide prevention initiatives.

Objective 8.2:

> Support the research and evaluation of suicide prevention interventions and programs that address cultural, geographic, social, or economic factors that influence suicide risk.

Objective 8.3:

> Promote the translation of research findings and promising practices into policy, funding priorities, and system-level implementation through coordinated guidance, tool development, and technical assistance.

What Success Looks Like

Academic institutions, community organizations, and government agencies will engage in sustained, collaborative efforts to advance evidence-informed suicide prevention strategies across New York State. These partnerships will support the development, adaptation, and evaluation of interventions that reflect the cultural, geographic, and systemic contexts in which they are implemented. Findings from quantitative, qualitative, and community-based participatory research, promising practices, and lessons learned will be disseminated and translated into tools, policies, and system-level improvements that strengthen suicide prevention efforts. Community-informed research will guide the refinement of services and supports, ensuring they are relevant, effective, and scalable. Through continued investment and collaboration, these efforts will expand the state's capacity to advance innovative and effective suicide prevention that meets the needs of all New Yorkers.



Spotlight Story

The Role and Impact of the Black Mental Health Response Team (BMHRT)

Submitted by Nicole Brown, MFT, Program Director
Black Mental Health Response Team, BestSelf Behavioral Health

The Black Mental Health Response Team (BMHRT), a program of **BestSelf Behavioral Health** is indicative of the change in how mental health care is viewed and presented to Black and African American communities, offering culturally competent, accessible, and trauma-informed services. The creation of the Black Mental Health Response Team (BMHRT) was directly influenced by a racially motivated mass shooting, that occurred on the eastside of Buffalo on May 14, 2022, which left the Black community traumatized and scarred.

The team is the comprised of solely Black/African American clinicians, peers, and mental health staff who are personally connected to the community they serve, and they endeavor to provide culturally competent care but also to offer it in a manner that recognizes the lived experiences of the individuals and aims to address both short-term traumas, systemic issues, and disparities. The BMHRT offers a comprehensive range of services aimed at meeting the mental health needs of the Black community. This includes both traditional and non-traditional mental health services, outreach, engagement, and mental health messaging through various channels, all of which are provided with a focus on cultural competence.

Suicide Prevention at BestSelf: *BestSelf's continued commitment to mental health and client safety has led to our participation in the statewide Zero Suicide initiative, supported by a grant from the Office of Mental Health. This grant is helping us enhance our training and refine our processes so we can better identify individuals at risk for suicide and, most importantly, improve the care and outcomes for those who need it most.*

Resources to Consider

Crafting a Health Equity Centered Narrative (Build Healthy Places Network): This resource offers practical guidance for creating inclusive messaging that advances racial and health equity across sectors, emphasizing shared values, asset-based language, and clear communication to build trust and collaboration, which can inform culturally responsive suicide prevention strategies.

U.S. Department of Health and Human Services National CLAS Standards: The National Culturally and Linguistically Appropriate Services (CLAS) Standards provides a framework for healthcare organizations to advance health equity and reduce disparities. They emphasize respectful, responsive care, effective communication, diverse staffing, and meaningful community engagement.

Prevention Institute's Bringing Equity to Suicide Prevention Module: This module emphasizes that suicide prevention must center on the root causes of inequitable community conditions—such as historical marginalization, socioeconomic stressors, and structural injustice—and identifies populations at elevated risk (e.g., Indigenous people, LGBTQ+ youth, Black and Latino young men, rural residents, essential workers, older adults) who are disproportionately impacted. The module further advocates for data-informed, community driven, and culturally tailored interventions, rooted in local knowledge and trust, to equitably support high-risk groups in ways that standard evidence-based strategies may not address

Community Support Program Initiative (CSPI): A community-based initiative that integrates evidence-based practices and culturally infused suicide prevention training for communities with multiple cultural identities. This approach ensures that mental health and suicide prevention strategies are inclusive and responsive to the needs of diverse groups, including rural populations and veterans.

Creating a Community of Practice to Prevent Suicide Through Multiple Channels: Describing the Theoretical Foundations and Structured Learning of PC CARES: This article presents PC CARES (Promoting Community Conversations About Research to End Suicide), a community-based, culturally responsive suicide prevention model developed in partnership with rural Alaska Native communities. Grounded in adult learning theory and Indigenous knowledge systems, the intervention uses structured "learning circles" to engage community members in interpreting suicide-related research and collaboratively identifying locally relevant, strengths-based prevention strategies.

Strategic Direction 3

Amplifying Support for Communities with Suicide Disparities in New York

Addressing the needs of populations with suicide disparities is a cornerstone of New York State's comprehensive suicide prevention strategy. The NSSP identifies several populations for which disparities in suicide deaths and attempts are apparent nationwide[19]. This Strategy focuses on eight populations that align with those identified in the NSSP and reflect state-specific surveillance trends and stakeholder input. This Strategic Direction underscores the importance of focused actions that reflect the experiences and needs of these communities to reduce rates of suicidal thoughts, plans, and death.

Youth in New York grapple with disproportionately high rates of suicidal thoughts and attempts. Academic demands, social relationships, family dynamics, and the pervasive influence of social media can create significant mental health challenges during a time of rapid neurodevelopmental change[20]. Additionally, the long-lasting effects of adverse childhood experiences (ACEs) and systemic inequities can compound risk[21]. To address these challenges, tailored strategies are critical to meet youth where they are and support the development of individual protective factors and the creation of safe, nurturing environments. By prioritizing these efforts, we can mitigate the risk of youth suicide and empower future generations to navigate life's complexities with strength and confidence[22].

In addition to youth, Strategic Direction 3 prioritizes seven other key populations – Black youth, Hispanic youth, LGBTQIA+ youth, rural communities, Indigenous communities, veterans, and working aged men – with disparities in suicidal thoughts, attempts, and/or death, indicated by higher or increasing rates. Populations with suicide disparities often face complex, interconnected challenges, including upstream disadvantages and significant barriers to accessing interventions and care tailored to their needs[23]. At the same time, each of these groups is highly heterogeneous, including a wealth of diversity within them, with individuals identifying with more than one group.Therefore, this Strategic Direction follows the principle of targeted universalism, which acknowledges that while broad universal goals, such as reducing suicide attempt and death rates, are shared across all populations, individual communities can face distinct challenges that require tailored strategies. By focusing on specific needs, barriers, and stressors that contribute to elevated suicide risk within populations, a targeted universalism approach ensures that interventions are not one-size-fits-all. Instead, it emphasizes that the pathways to achieving universal outcomes, like reducing suicide, must be adaptable and responsive to the diverse strengths, experiences, and circumstances of each community[24].



"I think that this seems like a great plan to follow through on, especially now that there are certain groups that we know have a higher suicide rate than others. While we know that mental health does not discriminate against anyone, we do know that it affects certain groups at a much higher rate and I like that we are actively working toward getting more supports to those groups of people."

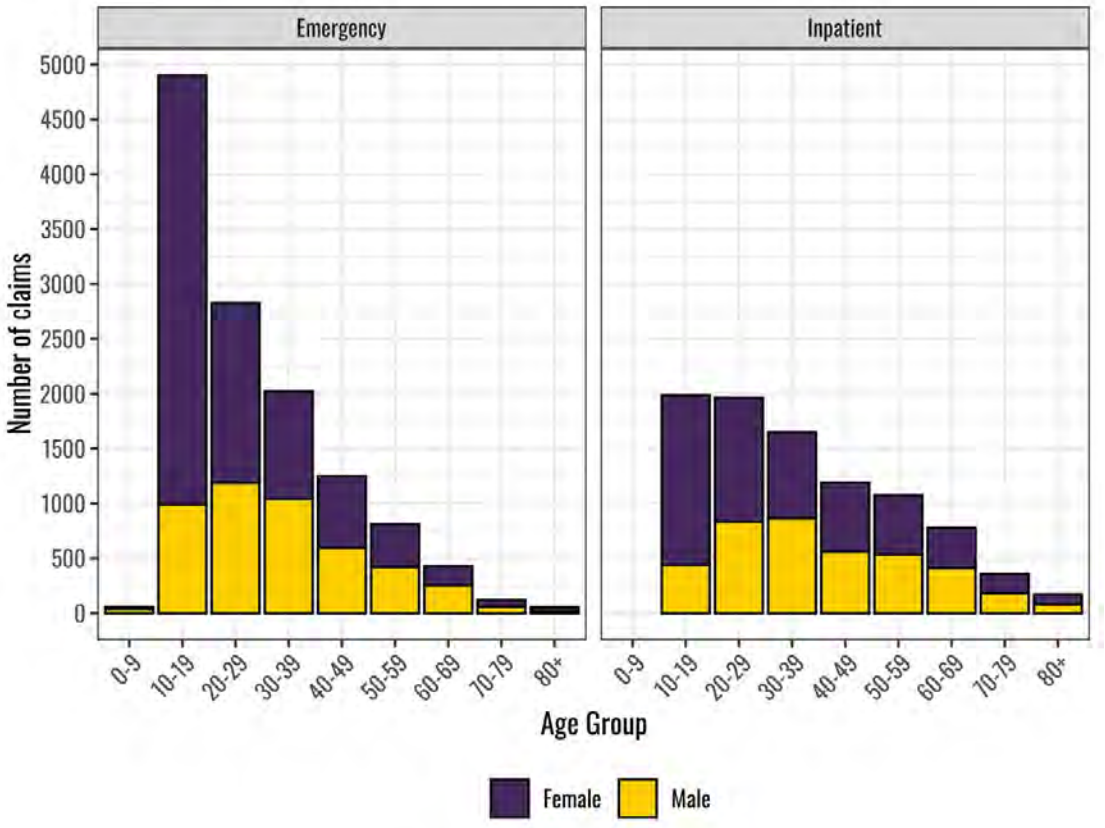
- Anonymous Suicide-Centered Lived Experience Survey Respondent

Suicide-Related Outcomes Among Youth



Suicide has been among the top 3 causes of death among youth in New York in recent years and was the 2nd leading cause of death among 10-19 year-olds in 2023, accounting for 13.8% of deaths in that age group[1]. Moreover, youth, especially females, bear a disproportionate burden of suicidal thoughts and behaviors. The prevalence of self-reported suicidal thoughts and attempts is highest among youth and decreases after young adulthood. For example, in 2021, 16.8% of New York high school students in the YRBS (21.3% of females and 11.9% of males) reported that they seriously considered attempting suicide in the past year, while the corresponding percentages among adults in the BRFSS were 10.9% for 18-24 year-olds, 7.3% for 25-34 year-olds, and decreased incrementally to 1.5% for those age 65+. Furthermore, youth are disproportionately represented among emergency department and inpatient hospital claims for intentional self-harm. In 2023, 10-19 year-olds accounted for 21.4% of inpatient hospital claims and 39.2% of emergency department claims by New York hospitals (see Figure 6)*.

Figure 6: Emergency Department and Inpatient Hospital Claims for Non-fatal Intentional Self-Harm by Age Group and Sex, New York 2023



*Data from Statewide Planning and Research Cooperative System (SPARCS). This publication was produced from raw data purchased from or provided by the New York State Department of Health (NYSDOH). However, the conclusions derived, calculations, and views expressed herein are those of the author(s) and do not reflect the conclusions or views of NYSDOH. NYSDOH, its employees, officers, and agents make no representation, warranty or guarantee as to the accuracy, completeness, currency, or suitability of the information provided here.

Goal 9

Improve the availability and access to youth-specific suicide prevention trainings, information, and resources for schools, families, and organizations serving youth.

Objective 9.1:

> Increase accessibility and availability of youth-specific suicide prevention trainings and workshops for schools, youth-serving organizations, and families.

- **9.1.1:** Deliver suicide-specific trainings to school staff and other youth-serving professionals on recognizing warning signs in youth, conducting developmentally appropriate screenings, appropriate referral procedures, and responding effectively to crises.
- **9.1.2:** Ensure youth suicide prevention trainings and workshops are culturally relevant and responsive, tailored to reflect the needs of the youth being served.
- **9.1.3:** Promote and provide workshops for parents and caregivers on how to talk with youth about suicide, recognize warning signs, and access community resources and support.

Objective 9.2:

> Ensure that youth, families, caregivers, and community members have access to developmentally appropriate and culturally responsive suicide prevention information and resources, including crisis helplines and support services.

- **9.2.1:** Collaborate with youth-led and youth-serving organizations to develop and distribute community-informed materials that reflect the needs, identities, and languages of the populations they serve.

Objective 9.3:

> Integrate suicide prevention training into certification and continuing education requirements for youth-serving professionals, ensuring they are consistently equipped to recognize and respond to youth at risk.

What Success Looks Like

Success for Goal 9 means increasing the availability, accessibility, and use of culturally and developmentally appropriate suicide prevention trainings and resources for youth, families, and youth-serving professionals across New York State. Schools, community-based programs, and youth-serving organizations will deliver evidence-informed trainings that help staff recognize warning signs, respond to crises, and connect youth to timely support. Parents and caregivers will have greater access to workshops and tools that encourage open conversations about suicide and early intervention. Youth and families will find community-informed, multilingual resources and crisis helpline information in schools, health centers, and public spaces. Collaborations with youth-led organizations will ensure materials reflect lived experiences and needs. More professionals will be trained through both organizational efforts and licensure or credentialing requirements. Sustained advocacy and funding will strengthen this infrastructure, building a responsive, well-connected statewide support network.

Mitigating the Impact of Trauma *is* Suicide Prevention

Exposure to childhood trauma and abuse is one of the most persistent risk factors for suicide over the lifespan. Suicide prevention strategies must include both primary prevention programming aimed at reducing exposure to trauma and abuse as well as providing resources to mitigate the impact of trauma and abuse on communities in support of healing and recovery. OMH has funded an initiative called the New York State Trauma-Informed Network and Resource Center (NYS TINRC). The goal of the NYS TINRC is to advance an understanding of trauma and its impact, the use of trauma-informed principles across sectors and the lifespan, and the availability of trauma-informed care and supports throughout NYS. We envision a New York State where people, communities, and systems can realize healing and wellbeing from trauma and toxic stress.

Goal 10

Implement evidence-based programs that strengthen youth social connectedness.

Objective 10.1:

> Increase opportunities for youth to build positive relationships with supportive adults and peers through the implementation of evidence-based school- and community-based programming.

What Success Looks Like

Success for Goal 10 means the widespread implementation of evidence-based programs that foster social connectedness among youth within schools and across communities. These programs will empower youth to build networks of support amongst one another and strengthen relationships between youth and trusted adults. Mentoring programs and school-based support models will be introduced and scaled, particularly in communities impacted by social isolation and suicide disparities. Success will be marked by increased collaboration with schools, youth-serving organizations, and community partners to ensure that connection-building strategies are embedded in existing systems of support. Ongoing evaluation and sustained funding will drive continuous improvement, allowing these initiatives to evolve and grow, ultimately enhancing resilience, emotional well-being, and protective factors for youth.

Goal 11

Advance upstream suicide prevention by expanding early intervention strategies and strengthening protective supports for children and youth.

Objective 11.1:

> Expand the adoption of upstream (primary) prevention programs, such as Social-Emotional Learning (SEL) curricula, especially in elementary and early education settings, to help strengthen protective factors from an early age.

Objective 11.2:

> Provide trauma-informed training and practical tools to educators, school staff, and youth-serving organizations to help reduce the impact of adverse childhood experiences (ACEs), support youth emotional and behavioral health, and improve responses to youth with co-occurring challenges.

What Success Looks Like

Success for Goal 11 means the successful expansion and integration of upstream suicide prevention strategies that strengthen protective factors for children and youth. Schools and youth-serving organizations statewide will adopt evidence-based programs like Social-Emotional Learning curricula that foster resilience and emotional regulation, particularly in early education settings. Through widespread implementation of trauma-informed training, educators, school staff, and youth-serving professionals will be equipped with the skills and tools needed to support the emotional and behavioral health of youth, reducing the impact of ACEs and addressing co-occurring challenges. Success also means securing ongoing funding and resources to sustain these initiatives, ensuring that SEL and trauma-informed practices are embedded within school systems and youth programs for long-term impact. Through these efforts, children and youth will be provided with the foundation for emotional resilience, ultimately promoting better mental health outcomes across the state.

Spotlight Story



Suicide Safety in Schools (SSIS): A Mental Health Education Program for Onondaga County

Submitted by Onondaga County GLS Team

In 2019, the Suicide Prevention Center of New York (SPCNY) was awarded a Garrett Lee Smith grant to develop a collaborative network of service providers in Onondaga County. This initiative brought together Contact Community Services, along with several other providers, organizations, and school districts to strengthen suicide prevention efforts for youth. As part of this work, multiple school districts were trained using a multi-tiered system of support (MTSS) model, focusing on risk identification, assessment, safety planning, referrals, and postvention.

From this effort, Contact developed Suicide Safety in Schools (SSIS), a mental health education program providing crisis management and suicide prevention training to students, parents, educators, administrators and youth-serving community organizations. Using evidence-based practices, SSIS enhances awareness and preparedness across school communities. Launched in 2021, the program began with two Mental Health Educators (MHEs)—one embedded in a district and one serving countywide. Since the grant ended in 2024, continued funding from Onondaga County and local districts has expanded SSIS to 3 school-based MHEs and 2 countywide MHE, ensuring sustained suicide prevention efforts.

Resources to Consider

Resources for Youth:

Youth MOVE National: A youth-led, social justice nonprofit that empowers young people, especially those from historically underrepresented communities, to shape systems in mental health, juvenile justice, education, and child welfare through authentic advocacy and leadership. With a network of over 40 local chapters, the organization provides training, peer support, consulting, and tools like its Youth Advocate Leadership Academy and Y VOC assessment to amplify youth voices and drive policy and program changes.

The Jed Foundation: Help a Friend in Need: Provides resources for young people to recognize when friends are struggling with mental health and offers advice on how to support them in a compassionate and effective way

Seize the Awkward: Starting Tough Conversations about Mental Health: Encourages open dialogue around mental health by helping people initiate conversations with friends who may be struggling, aiming to reduce stigma and promote support.

Talking outLOUD: Teens & Suicide Loss, A Conversation: An award-winning documentary featuring five teens who've lost a parent or sibling to suicide.

NAMI Youth and Young Adult Resources: Offers mental health resources, support groups, and educational materials specifically designed for young people, promoting awareness and resilience.

Our Minds Matter: A peer-to-peer mental health education program in schools that empowers students to lead discussions about mental health, reduce stigma, and create supportive environments.

Resources for Parents & Caregivers:

EDC "After Your Child's Suicide Attempt": A one-hour film designed to support parents and caregivers in the aftermath of a child's suicide attempt, featuring both candid parent testimonies and expert guidance. It functions as a practical communication resource to normalize complex emotions, outline post-crisis care steps, and foster hope and connection.

AFSP Teens and Suicide: What Parents Should Know: This webpage outlines key risk factors, warning signs, and proactive steps parents can take to safeguard their teens, offering strategies to start caring, direct conversations, model mental wellness, and promptly connect struggling adolescents with help.

"What Every Parent & Caregiver Needs to Know: Recognizing Suicide Risk in Your Child" Brochure: An OMH SPCNY Brochure that empowers parents to identify warning signs and outlines clear steps for immediate action. It serves as a concise guide to support proactive parent engagement, encouraging calm presence, securing means of self-harm, notifying crisis teams, and developing safety plans with caregivers and professionals.

NAMI Family Members and Caregivers: NAMI's resource hub offers free, peer-led programs and practical tools to help families understand mental illness, improve communication, set boundaries, and build emotional resilience, strengthening both caregiver well-being and support for their loved ones.

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Resources to Consider

Resources for Schools and School-Based Mental Health Providers:

A Guide for Suicide Prevention in New York State Schools: A New York State-specific resource outlining strategies for preventing suicide in schools. It includes guidelines for school personnel to recognize warning signs, provide early intervention, and establish prevention programs.

After a Suicide: A Toolkit for Schools: A comprehensive guide designed to support schools in responding to a suicide within the school community. It provides practical steps for crisis management, communication, and supporting students, staff, and families after a suicide.

MHANY's School Mental Health Training Center: A New York State training center offering resources and professional development opportunities for school staff. It focuses on equipping educators and administrators with the skills to support student mental health and prevent suicide.

Model School District Policy on Suicide Prevention: A model policy providing schools with a framework for developing and implementing a suicide prevention strategy. It includes protocols for identification, intervention, and postvention, along with resources for staff training and student support.

NYSED Guide for Suicide Prevention for School Personnel: A guide from the New York State Education Department providing school personnel with guidelines on recognizing and responding to students at risk of suicide. It emphasizes the importance of school-wide prevention programs and creating a supportive environment for students.

The Collaborative for Academic Social Emotional Learning (CASEL): CASEL is an organization dedicated to integrating evidence-based social and emotional learning (SEL) into education from preschool through high school. CASEL offers resources to support systemic SEL implementation across classrooms, schools, families, and communities.

Resources for Higher Education:

SUNY Mental Health Resource Finder: Provides access to mental health support across New York, including crisis services, counseling, suicide prevention, peer support, and specialized resources for LGBTQIA+, BIPOC, veterans, and students with disabilities. It includes statewide and campus-specific programs like tele-psychiatry, crisis hotlines, and suicide prevention training. The platform also offers a directory of services by county and resource type.

The JED Foundation's Comprehensive Approach to Mental Health Promotion and Suicide Prevention: This framework outlines a strategic, multi-layered approach for schools and communities to enhance mental health support and suicide prevention efforts. It includes recommendations on fostering resilience, increasing help-seeking behaviors, strengthening community connections, and implementing policies that create protective environments for youth and young adults.

NAMI: Suicide Prevention for College Students: This resource provides insights into suicide risk factors among college students, including mental health challenges, substance use, and academic pressures. It outlines strategies for students, families, and institutions to recognize warning signs, seek help, and foster supportive campus environments.

Goal 12

Develop, implement, and improve access to comprehensive suicide prevention strategies that address the needs of communities with suicide disparities.

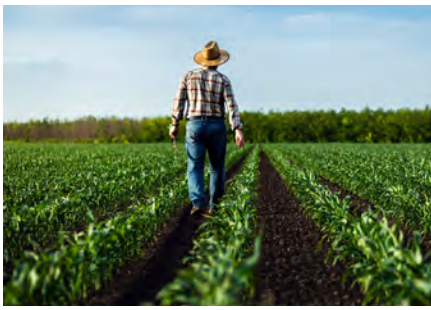
Developed in collaboration with specialized workgroups, subject matter experts, and individuals with lived experience, this section consists of one overarching goal with seven objectives. Each objective is dedicated to an identified population with suicide disparities based on national trends and state surveillance and supported by a set of sub-objectives. Although each objective focuses on a distinct population, we acknowledge that identity is multifaceted and that individuals may identify with multiple groups. Each objective concludes with a ***What Success Looks Like*** component, offering a vision of how it translates into real-world outcomes for the community it aims to support. However, it is important to note the cultural nuances and diversity within groups can further inform actions to be taken to achieve true success.











Goal 12

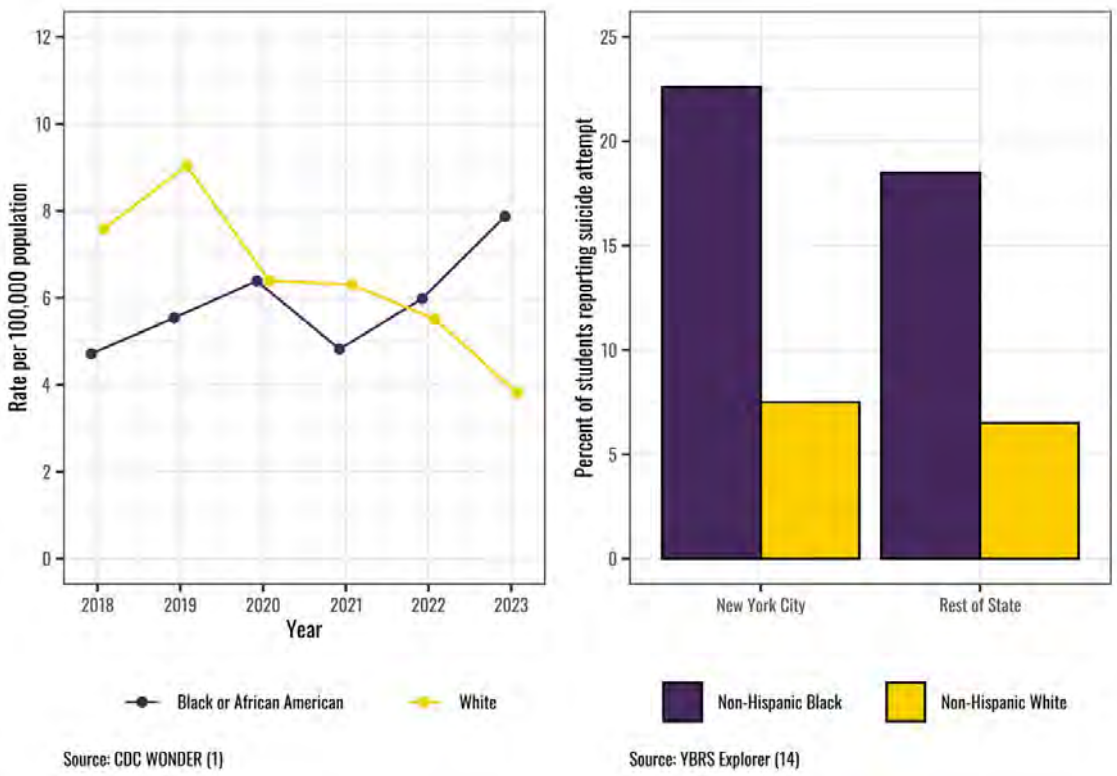
Objective 12.1: Black Youth



Suicide-Related Outcomes Among Black Youth

In recent years there has been mounting national concern over the increase in suicides among Black youth[25]. Nationwide, suicide rates among non-Hispanic Black youth age 15-24 climbed drastically between 2014 and 2021, at an average rate of 9.79% per year[1]. In contrast, rates among non-Hispanic white youth of the same age decreased starting in 2018, so that in 2023 rates among Black and White youth were similar (14.69 per 100,000). Although such trends are complicated by misclassification of race and ethnicity on death certificates[4] and changes to racial categories used over time, they warrant concern for suicide risk among Black youth in New York. Based on 2023 data released by the CDC, Black-White differences in suicide rates among New York youth are especially apparent among those age 12-23, for whom the suicide rate among Black youth is approximately 2.0 times the rate among White youth (7.87 vs. 3.81 per 100,000)[1]. Likewise, in the 2023 New York Youth Risk Behavior Survey, alarmingly high percentages of non-Hispanic Black high school students reported attempting suicide in the past year in both New York City (22.6% of non-Hispanic Black youth compared to 7.5% of non-Hispanic White youth) and the rest of the state (18.5% of non-Hispanic Black youth compared to 6.5% of non-Hispanic White students)[14]. Therefore, in line with national priorities (NSSP), these findings call for increases in suicide prevention among Black youth in New York.

Figure 7: Suicide Rates, 2018-2023 among non-Hispanic Black and White Youth ages 12-23 (left), and Self-reported Suicide Attempts among non-Hispanic Black and White Youth in the 2023 NY YRBS (right)



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Goal 12 Objective 12.1: Black Youth

Black youth under the age of 24 in New York State are facing rising suicide risk, underscoring the urgent need for focused prevention efforts. Contributing factors include disparities in mental health care, stigma around seeking support, and stressors related to inequality, discrimination and socioeconomic hardship. It is also important to recognize that the Black community is not monolithic, as diverse experiences, identities, and cultural contexts may shape both risk and resilience in different ways. To reduce risk and promote well-being, suicide prevention must be culturally responsive, accessible, and grounded in the lived experiences of Black communities and driven by its members. Efforts must also recognize that effective prevention for Black youth includes the engagement of and support for their families and caregivers. By expanding support systems, fostering resilience, and addressing systemic barriers, we can bridge gaps in care and help ensure that Black youth and their famlies have the resources and opportunities they need to thrive.

Objective 12.1.1:

> Improve availability and access to culturally relevant and responsive suicide prevention information and community-support resources for Black youth.

Objective 12.1.2:

> Improve community-based suicide prevention by incorporating perspectives and recommendations from the Black community, including Black youth, to ensure culturally responsive and effective interventions.

Objective 12.1.3:

> Address social determinants of health and systemic barriers contributing to increased suicide risk among Black youth, with the aim of reducing disparities and fostering improved mental well-being.

Objective 12.1.4:

> Promote upstream protective factors to reduce suicide risk among Black youth through healing-centered, community-driven strategies that address systemic barriers.

Objective 12.1.5:

> Increase awareness and understanding of the strengths, lived experiences, and challenges facing Black communities to better inform and improve suicide prevention activities, especially for Black youth.

Objective 12.1.6:

> Develop, implement, and sustain suicide prevention activities, programs, and initiatives that are culturally relevant, healing-centered, responsive to the diverse identities and lived experiences of Black youth.

Objective 12.1.7:

> Develop, improve, and expand suicide prevention clinical practices, policies, and interventions that are responsive to the needs of Black youth, particularly within schools, child welfare, juvenile justice, behavioral health, and other youth-serving systems.

Objective 12.1.8:

> Ensure Black youth receive crisis support and response strategies grounded in cultural responsiveness and inclusivity, with approaches that emphasize care and safety, while minimizing law enforcement involvement.

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Goal 12 Objective 12.1: Black Youth



What Success Looks Like

Success in preventing suicide among Black youth in New York means not only increasing access to culturally tailored mental health resources but also ensuring that youth know when and how to use these resources when needed. Simply providing access does not guarantee understanding or readiness to engage. Therefore, prevention efforts will prioritize education, engagement, and empowerment alongside access for both youth and their families. Efforts will reflect the lived experiences of Black youth and address the systemic and social factors contributing to suicide risk. Resources will be available in environments including, but not limited to, schools, community centers, faith-based spaces, and through social media. Creative forms of expression that connects individuals to their ancestry, like storytelling, music, and art, will help Black youth feel more connected to culturally relevant support and more confident in reaching out for help. Awareness campaigns will uplift Black voices, especially young people, and encourage honest, informed conversations about mental health (Obj. 12.1.1).

Programs will be designed with input from Black youth, families, and community leaders to ensure relevance and effectiveness. Advisory councils and focus groups will guide initiatives, fostering collaboration between mental health professionals, educators, and grassroots organizations. Black youth will have leadership opportunities in shaping and sustaining prevention strategies that reflect their strengths and needs (Obj. 12.1.2).

Prevention efforts will align with broader strategies to address social determinants of health, such as poverty, housing stability, education, employment, and neighborhood violence. Partnerships with social service agencies will expand access to job training, stable housing, and quality education (Obj. 12.1.3). Strengthening collaboration across child welfare, juvenile justice, education, and behavioral health systems will create a comprehensive network of resources, reducing suicide risk and promoting healing and long-term well-being (Obj. 12.1.6, 12.1.7).

Mentorship and afterschool programs will provide safe, supportive, and identity-affirming spaces, especially for Black LGBTQIA+ youth and those with disabilities, to foster healing, belonging, and social connection (Obj. 12.1.4). Public awareness campaigns and professional training for anyone interfacing with youth in a service-provision capacity will deepen understanding of the strengths, lived experiences, barriers, and challenges Black youth face, including racism, trauma, and socioeconomic disparities (Obj. 12.1.5).

Culturally responsive and healing centered care will be embedded across mental health and crisis response systems. Black youth will have access to school-based counseling, telehealth, and community mental health clinics, with a workforce that reflects their identities and understands their challenges. Healing practices rooted in Black culture, such as faith-based support, storytelling, and mindfulness, will be integrated into care (Obj. 12.1.6 & 12.1.7). Crisis response will prioritize community-based interventions, reducing reliance on law enforcement and emergency rooms to ensure accessible, respectful, and effective care (Obj. 12.1.8).

Success means Black youth have the support, resources, and opportunities to thrive mentally, emotionally, and socially within communities that uplift and protect their well-being.

Spotlight Story

HAVEN (Helping Alleviate Valley Experiences Now) – CONNECT

Submitted by Sherry Davis Molock, Ph.D., M.Div.

HAVEN (Helping Alleviate Valley Experiences Now) – CONNECT is a comprehensive depression and suicide intervention for Black youth designed to be integrated in predominantly Black churches. HAVEN – Connect has three components: Church Engagement, Faith Based Curriculum and Suicide/Depression Intervention. Church engagement involves developing partnerships with churches in New York City and Rochester to integrate the intervention into the life of the church.

The Faith Based Curriculum provides an educational overview on mental health education, risk and protective factors for suicide and the four core protective factors for the suicide prevention component of HAVEN-Connect. This information is integrated into sermons, Bible study and Sunday school lessons. Youth-Connect focuses on strengthening skills to grow and sustain four CORES or protective factors: Kinship (healthy bonds); Guidance (support from mentors; access to medical and mental health expertise); Purpose (goals, values, sense of belonging); and Balance (self-care and support).

In large part due to promising data collected in an OMH sponsored pilot that ended in 2022, investigators successfully applied for $1.5M in grant funding from American Foundation for Suicide Prevention to expand the program to 12 churches in NY state. To date, we have enrolled and collected baseline data on youth from 6 churches, implemented the program for youth and adults in 4 churches and have done 6-month follow-up assessments in 2 churches. The pastors have participated in the Faith Based Curriculum training and have implemented the “kick off” event, the delivery of a sermon that reflects principal components of the HAVEN-Connect Program.

Resources to Consider

SAMHSA: Black Youth Suicide Prevention: Offers a comprehensive approach to addressing the rising suicide rates among Black youth, focusing on mental health support, community involvement, and culturally competent interventions. The initiative emphasizes the importance of addressing systemic challenges and providing tailored resources.

Still Ringing the Alarm: An Enduring Call to Action for Black Youth Suicide Prevention: This report highlights the rising suicide rates among Black youth, emphasizing the role of institutional racism and unique socioecological factors that contribute to this crisis. It calls for urgent action, addressing barriers to culturally relevant research and interventions while advocating for systemic changes to reduce suicide risk for Black youth.

Black Emotional and Mental Health Collection (BEAM): BEAM envisions a world without barriers to healing for Black communities, and actively works toward that through education, training, advocacy, movement-building, and grantmaking . They offer free and affordable tools and services, including virtual wellness directories, peer support training, journal prompts, and culturally grounded mental-health programming, to help people recognize emotional needs, access care, and build self-care practice.

Soul Shop Movement: A faith-based initiative offering suicide prevention training for clergy, community leaders, and youth workers. It focuses on building safe spaces for individuals to discuss mental health and suicide while providing resources to help faith communities address these issues and offer support. Specialized programs are available for different groups, including Black and Hispanic churches.

Connect, Invest, Uplift: Protect Black Youth from Suicide Infographic: An infographic developed by the Suicide Prevention Resource Center (SPRC) that outlines simple, data-driven steps to protect Black youth from suicide. It serves as a communication tool to raise awareness and guide communities in supporting Black youth mental health.

The Future of Healing: Shifting from Trauma Informed Care to Healing Centered Engagement: An article by Dr. Shawn Ginwright that introduces the concept of healing-centered engagement as a progression beyond trauma-informed care. It serves as a framework to shift the focus from treating individual trauma to fostering collective well-being, cultural identity, and empowerment.



Goal 12

Objective 12.2: Hispanic Youth



Suicide-Related Outcomes Among Hispanic Youth

In recent years there has been increasing national and state attention to suicide among Hispanic youth, particularly girls. In 2017 the New York State Legislature's Puerto Rican/Hispanic Task Force published a report drawing attention to the issue and describing relevant legislative initiatives. In the New York Youth Risk Behavior Surveys combining 2019-2023, the prevalence of self-reported suicide attempts in the past year was significantly higher among students identifying as Hispanic or Latino compared to those identifying as non-Hispanic White in both New York City (10.5% vs. 6.7%) and New York State excluding New York City (11.3% vs. 6.2%)[14]. Likewise, according to CDC data[1], suicide rates among Hispanic or Latino youth age 15-24 in New York in 2023 were the highest they have been in the past 25 years, at 8.5 per 100,000 population. Furthermore, rates among Hispanic or Latino White youth were significantly higher than those among non-Hispanic White youth (11.0 vs. 5.2 per 100,000). Acknowledging the limitations to recording of race and ethnicity on death certificates noted above, these trends warrant additional attention to suicide risk among Hispanic youth in New York.

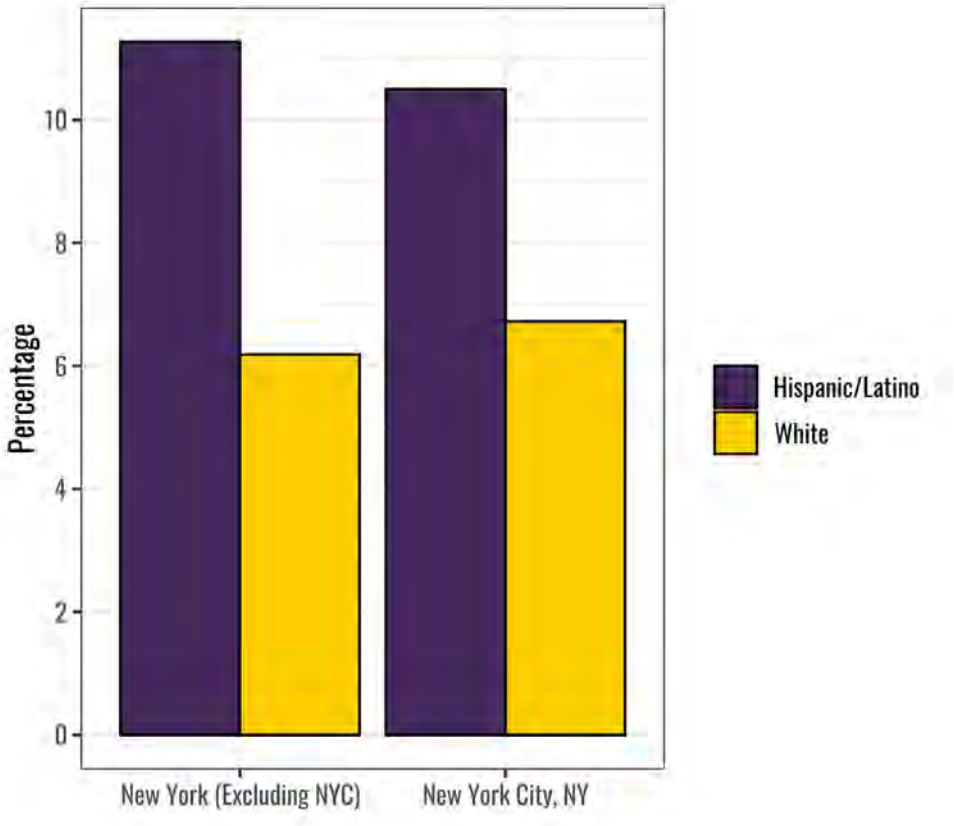


Figure 8: Prevalence of Self-Reported Suicide Attempt in the Past Year among NY High School Students, 2019-2023 YRBS

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Goal 12 Objective 12.2: Hispanic Youth

Hispanic youth in New York State face a growing risk of suicide, underscoring the urgent need for focused, culturally responsive prevention efforts. Barriers such as limited access to culturally relevant mental health care, stigma, language differences, and the stress of acculturation and discrimination contribute to their vulnerability. Too often, these challenges prevent Hispanic youth from accessing the supports they need. Recognizing the essential role families play in fostering youth well-being, prevention efforts must actively engage and support families alongside youth. By implementing culturally responsive, linguistically accessible, family-centered, and community-driven suicide prevention initiatives, we can reduce risk, strengthen resilience, and ensure Hispanic youth and their families receive the care, support and resources they deserve.

Objective 12.2.1:

- Enhance and expand access to culturally relevant suicide prevention information and community support resources specifically tailored to address the needs of Hispanic youth and their families.

Objective 12.2.2:

- Improve community-based suicide prevention efforts across New York State by incorporating voices, perspectives, and recommendations from the Hispanic youth community, including those with lived experience of suicidal ideation or behaviors.

Objective 12.2.3:

- Address social determinants of health and systemic issues that increase suicide risk among Hispanic youth, focusing on reducing disparities and promoting equity across their life span.

Objective 12.2.4:

- Promote upstream protective factors that build resilience and reduce suicide risk among Hispanic youth.

Objective 12.2.5:

- Increase awareness and understanding of the strengths, lived experiences, and challenges faced by Hispanic youth and their families to strengthen suicide prevention efforts that are culturally appropriate, accessible, and effective.

Objective 12.2.6:

- Develop, implement and evaluate focused suicide prevention initiatives, programs, trainings, and resources tailored to the needs of Hispanic youth and their families.

Objective 12.2.7:

- Improve and expand suicide prevention clinical programs, practices, and policies, especially within schools, child welfare, criminal and juvenile justice, behavioral health, and other systems serving Hispanic youth, with additional focus on integrating family engagement and inclusion in care.

Objective 12.2.8:

- Ensure that Hispanic youth and their families receive crisis support and response strategies that emphasize care and safety, are responsive to their needs and experiences, and reduce reliance on law enforcement involvement, .

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Goal 12 Objective 12.2: Hispanic Youth



What Success Looks Like

Success in preventing suicide among Hispanic youth means ensuring they and their families have access to culturally tailored, linguistically appropriate, and community-driven resources. Parents are meaningfully included in prevention efforts, recognizing the importance of ***familismo***, and addressing the acculturation gaps and family conflicts that can elevate suicide risk. Families have the tools and supports they need, with language access addressed directly to ensure parents are able to connect their children to care when needed. Bilingual materials reflect and validate the lived experiences of Hispanic families, addressing the impacts of immigration stress, discrimination, and family dynamics. Storytelling and culturally aligned messaging will reduce stigma and foster open conversations about mental health within the Hispanic community. Success also means understanding and honoring the distinct cultures, experiences, and needs of Hispanic subgroups, with this cultural understanding integrated across all strategies, interventions, and communications (Obj. 12.2.1).

Hispanic youth will shape suicide prevention initiatives through opportunities including, but not limited to, on-going focus groups and listening sessions, ensuring that programs and strategies remain grounded in their realities. Collaborations with Hispanic-led organizations, faith-based groups, and cultural institutions will guide the development and implementation of these programs (Obj. 12.2.2).

Addressing social determinants of health will reduce suicide risk by connecting families to essential resources like housing, food security, and employment. Schools will offer culturally tailored mental health programs, early intervention strategies, and bilingual, multicultural providers through telehealth, school-based services, and mobile units (Obj. 12.2.3 & 12.2.6).

Peer mentoring programs, safe spaces for cultural identity, and family-centered initiatives help strengthen connections within the community (Obj. 12.2.4). Suicide prevention training for educators, healthcare providers, and community leaders will ensure they are equipped with a deeper understanding of the strengths, needs, and cultural nuances within Hispanic communities. These trainings will enhance their ability to offer tailored support, improve care, and create a more inclusive, compassionate environment for individuals and families (Obj. 12.2.5).

Crisis support and clinical services will be expanded to ensure accessible, culturally responsive care, while also reducing the reliance on law enforcement during mental health crises. Bilingual helplines, mobile crisis teams, and culturally relevant emergency responders will provide timely, compassionate support. Suicide risk screenings and interventions will be trauma-informed and integrated across primary care, schools, and behavioral health settings (Obj. 12.2.7 & 12.2.8).

Success means that suicide prevention efforts for Hispanic youth are culturally tailored, community-driven, and effective in reducing risk, strengthening resilience, and fostering long-term well-being.

Spotlight Story

Comunilife's Life is Precious Program

Comunilife's Life is Precious Program
Submitted by Julie Laurence, LMSW, Vice President, and Beatriz Coronel, Assistant Vice President for Life is Precious Program

Comunilife's Life is Precious™ (LIP) program is the only program in NYS specifically designed to serve Latina adolescents who have experienced suicide ideation, and attempts, and suffer from depression. LIP was started in 2008, by Dr. Rosa Gil, in response to the alarming statistics released by the CDC about the high rates of suicide ideation and attempts among Latina adolescents. LIP was created, with community input, to address this crisis. What began as one LIP center in the Bronx has expanded to 8 program sites across New York State.

LIP serves Latina teens between the ages of 12-17 from a diverse Latinx population who nearly all live in some of NYS's lowest-income neighborhoods. LIP's cultural and gender responsive programming addresses risk factors with positive youth development activities, trauma-informed case management services, family engagement and a supportive community informed model. Our direct support services not only normalize mental health needs but build understanding and healing in safe and creative spaces.

LIP's accomplishments are measured by the positive results achieved by the youth. This is validated by an evaluation which has been conducted, since 2013, by the NYS Psychiatric Institute/Columbia University – NYS Center of Excellence for Cultural Competence. LIP has been recognized in 2024 by the National Suicide Prevention Resource Center and is included in their Best Practices Registry.

Resources to Consider

NAMI: Compartiendo Esperanza: Mental Wellness in Hispanic/Latin American Community: A program offering mental health resources and support for Hispanic and Latin American communities, focusing on cultural understanding and reducing stigma around mental health.

Life Is Precious™: A Latina suicide prevention program offering support to Latina teens in New York with locations in NYC, Poughkeepsie, Yonkers, Amsterdam, and Hempstead. This program provides wellness and creative arts therapy, academic workshops, and career mentoring, focusing on fostering resilience and emotional health among young Latina girls. The program is designed to help participants build a supportive community and become empowered, wise leaders.

Línea 988 de Prevención del Suicidio y Crisis: A dedicated platform offering mental health crisis support in Spanish. It provides immediate help for individuals experiencing suicidal thoughts or emotional distress through confidential communication. The service connects users with trained counselors and resources to support their mental well-being.

National Institute of Mental Health Publicaciones acerca niños y adolescents: This NIMH webpage provides a collection of free, downloadable resources tailored for youth, including interactive coloring books, activity-based guides to understanding the adolescent brain and stress management, and fact sheets on conditions like ADHD, bipolar disorder, depression, and trauma recovery in Spanish. These materials are designed to help Spanish-speaking children, teens, and their families recognize signs of mental health concerns, learn coping strategies, and know when to seek professional support.

National Alliance for Hispanic Health: This initiative provides trusted bilingual resources and community-driven programs to improve the physical and mental health for individuals and families. The platform also offers the bilingual “Su Familia Health Helpline” at 1-866-783-2645. This helpline is free and confidential, staffed by bilingual advisors, available Monday-Friday, 9am-6pm ET. Outside of those hours, a message can be left and a response within 24 hours is expected.

AFSP Mental Health Resources for Hispanic and Latinx Communities: AFSP offers a curated list of culturally targeted mental health and suicide prevention resources for the Hispanic and Latinx community. This page highlights culturally relevant supports, organizations, and educational materials to help connect individuals and families to trusted programs, bilingual services, and community-based initiatives.

Goal 12

Objective 12.3: LGBTQIA+ Youth



Suicide-Related Outcomes Among LGBTQIA+ Youth

Consistent with national findings, LGBTQIA+ youth in New York are disproportionately affected by suicide morbidity, including suicidal thoughts and behaviors. Both of New York's YRBS surveys (New York City and Rest of State)[14] asked about sexual orientation in 2021 and 2023 and about transgender identity in 2019 and 2021. Combining those years of data, students who reported identifying as lesbian, gay, bisexual, questioning, or something else were around three times as likely to report suicidal ideation in the past year (Rest of State: 36.7% vs. 12.6%; New York City: 34.6% vs. 10.9%) and more than 3 times as likely to report suicide attempt in the past year (Rest of State: 17.4% vs. 5.5%; New York City: 22.4% vs. 6.3%), compared to students who reported identifying as heterosexual or straight. Likewise, students who reported that they are transgender or who weren't sure whether they are transgender were two to three times more likely to report suicidal ideation in the past year (NYC: 46.6% vs. 14.1%; ROS: 36.0% vs. 16.5%) and three to four times more likely to report suicide attempt in the past year (NYC: 28.8% vs. 7.7%; ROS: 30.8% vs. 6.5%), compared to students who reported that they are not transgender.

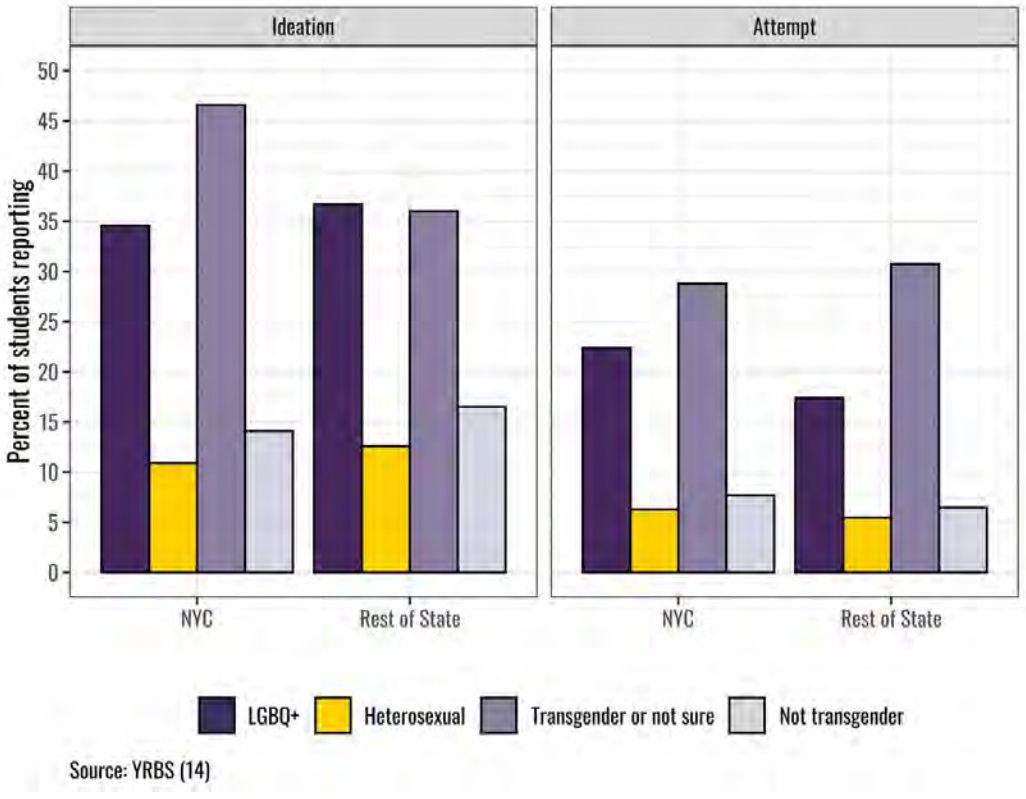


Figure 9: Prevalence of Self-reported Suicidal Ideation and Attempt in the Past Year by Sexual Orientation and Gender Identity among NY High School Students, YRBS

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Goal 12 Objective 12.3: LGBTQIA+ Youth

LGBTQIA+ youth in New York State face a heightened risk of suicide due to systemic barriers, stigma, discrimination, and limited access to affirming mental health care. The challenges of disclosing their LGBTQ+ identity, or "coming out," family and community rejection, and intersecting factors like race, ethnicity, and socioeconomic status further increase their vulnerability. Yet, LGBTQIA+ youth show immense resilience—strength that must be supported through targeted, culturally responsive suicide prevention efforts. By addressing these disparities and expanding affirming resources, we can ensure LGBTQIA+ youth receive the support they need to thrive.

Objective 12.3.1:

> Promote the development and dissemination of culturally relevant suicide prevention materials tailored to LGBTQIA+ youth.

Objective 12.3.2:

> Promote the incorporation of the voices and lived experiences of LGBTQIA+ youth into all suicide prevention program designs and implementations.

Objective 12.3.3:

> Promote initiatives to reduce disparities in access to mental health care for LGBTQIA+ youth by addressing systemic issues such as discrimination and financial barriers.

Objective 12.3.4:

> Support environments that celebrate LGBTQIA+ youth identity and promote social connections.

Objective 12.3.5:

> Increase awareness and understanding of the unique challenges faced by LGBTQIA+ youth, including family rejection and societal stigma, while promoting programs that address and mitigate these stressors.

Objective 12.3.6:

> Support the development and implementation of suicide prevention programs, initiatives, and resources for LGBTQIA+ youth, specifically designed to address the challenges they face.

Objective 12.3.7:

> Enhance and integrate suicide prevention clinical programs, practices, professional development, and policies within schools, child welfare, criminal and juvenile justice, behavioral health, and other systems serving LGBTQIA+ youth, ensuring culturally and structurally responsive care.

Objective 12.3.8:

> Incorporate comprehensive LGBTQIA+ best practices and resources into existing crisis response services to ensure they affirm and effectively respond to LGBTQIA+ identities and experiences.

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Goal 12

Objective 12.3: LGBTQIA+ Youth



What Success Looks Like

Success in preventing suicide among LGBTQIA+ youth means ensuring access to affirming, culturally responsive, and community-driven support. Suicide prevention resources will be widely available through partnerships with LGBTQIA+ organizations, social platforms, and trusted spaces, using evidence-based strategies to normalize mental health conversations, build resilience, and strengthen support networks (Obj. 12.3.1).

LGBTQIA+ youth will have opportunities to actively shape prevention efforts through program development, focus groups, and advisory boards, ensuring initiatives reflect their diverse identities and lived experiences (Obj. 12.3.2). LGBTQIA+ youth will have safe, supportive environments that celebrate their identities and strengthen social connections. Schools and communities will expand initiatives like GSAs, peer support networks, and mentorship programs to reduce isolation and promote belonging (Obj.12.3.4 & 12.3.6).

Schools and youth-serving organizations will incorporate LGBTQIA+-specific mental health supports, particularly in underserved areas, to improve access to affirming care. Additionally, reducing disparities in mental health care will involve increasing LGBTQIA+-affirming providers and integrating inclusive, trauma-informed suicide prevention practices across and within schools, child welfare, juvenile justice, crisis response, and behavioral health systems. Policies will ensure clinicians and emergency responders have the training and resources to provide respectful, affirming care, fostering trust and accessibility (Obj. 12.3.3, 12.3.7, & 12.3.8).

Raising awareness of challenges such as family rejection, stigma, and discrimination will be key to creating affirming spaces. Community education, family workshops, and advocacy efforts will equip families, educators, and providers with the tools to affirm youth identities, strengthen supportive relationships at home, and foster inclusion and systemic support (Obj. 12.3.5).

Success means LGBTQIA+ youth have the resources, support, and connections they need to thrive, with suicide prevention efforts that are culturally responsive, inclusive, and deeply rooted in their lived experiences. Success also means that LGBTQIA+ youth are met with acceptance at home and in their communities, where families, caregivers, and other supportive adults actively affirm their identities and create environments of belonging.

Spotlight Story

Perspective as Prevention: Statewide Experts Build Model Training for LGBTQIA+ Youth

Submitted by Nathaniel Gray, MSW, Founder & Principal Consultant, Gray Area Consulting

Through a collaborative effort between Gray Area Consulting, the Office of Mental Health's Suicide Prevention Center of New York (OMH SPCNY), and a team of statewide subject matter experts, a model training program is being developed as a powerful upstream suicide prevention resource for schools and youth-serving systems.

This evidence-based training will equip educators, counselors, and youth professionals to reduce suicide risk among LGBTQIA+ youth by replacing rejection with affirmation and connection.

What makes this model innovative is its approach: participants begin the training experience with perspective-taking exercises designed to deepen understanding and increase the impact and staying power of everything that follows. By grounding the training in this foundation, the team aims to support not just knowledge transfer but simple, tangible change to save lives. Drawing on the Family Acceptance Project's decades of research and informed by lived experience, the curriculum helps participants understand how everyday actions can either increase or decrease preventable, life-altering outcomes—including substance abuse, mental health challenges like anxiety, depression, and suicide, and youth involvement in foster care, juvenile justice, or homeless shelter systems.

By evoking the impact our everyday actions have, based on both research and real life, this training supports participants in becoming protective factors themselves—especially for queer and trans youth who may otherwise feel unseen or unsafe in school or community settings. The program also highlights the importance of inclusive policies, supportive language, and visible allyship in suicide prevention.

As this model training is finalized with OMH SPCNY, it is positioned to be built into train-the-trainer opportunities, and researched as another approach to reduce risk, build resilience, and create lasting community change for all youth across New York State.

Resources to Consider

The Family Acceptance Project: Focuses on helping families understand the impact of their acceptance or rejection on LGBTQIA+ youth's mental health and well-being.

Mental Health Promotion and Suicide Prevention for LGBTQIA2S+ Youth: A Resource Guide for Professionals, Families, and Communities: A comprehensive guide providing strategies for professionals, families, and communities to support mental health and prevent suicide among LGBTQIA2S+ youth.

The Trevor Project: A leading organization providing crisis intervention, suicide prevention, and mental health support for LGBTQIA+ youth.

AFSP: LGBTQ+ Mental Health and Suicide Prevention: This resource from the American Foundation for Suicide Prevention highlights the unique mental health challenges faced by LGBTQ+ individuals, particularly the heightened risk of suicide. It offers strategies for suicide prevention, including fostering acceptance, increasing awareness, and improving mental health support systems for the LGBTQ+ community



Goal 12

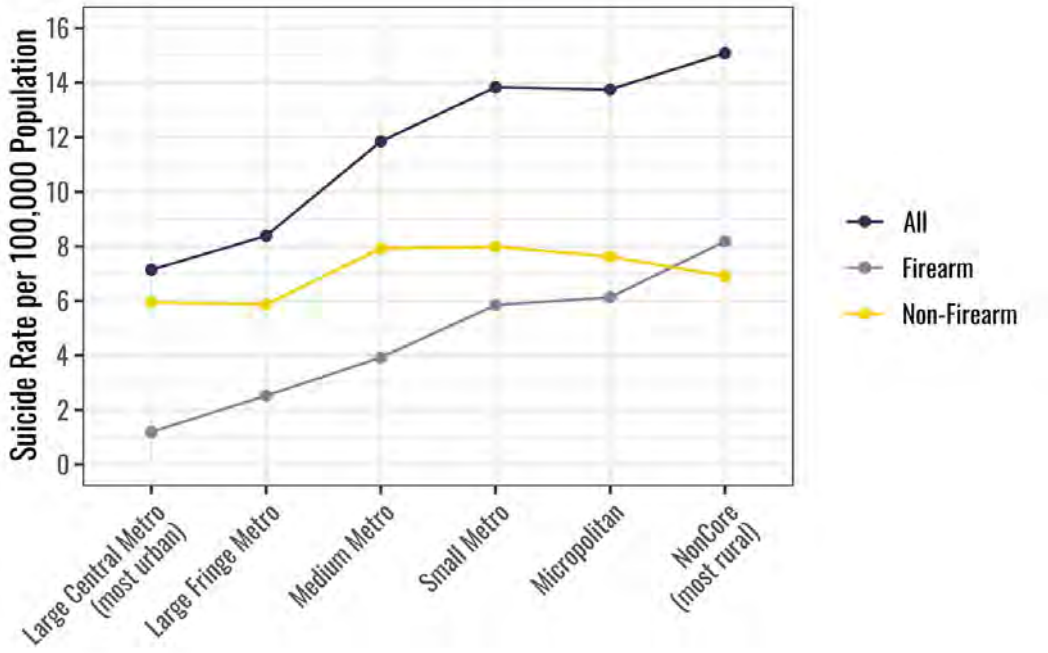
Objective 12.4: Rural Communities



Suicide-Related Outcomes Among Rural Communities

Rural communities are disproportionately affected by suicide mortality. Although the *number* of suicides in rural areas tends to be low because they are more sparsely populated, *rates* of suicide tend to be higher in more rural areas. In New York from 2021 to 2023[1], the suicide rate was 90% higher in the most rural counties compared to the most urban counties (12.9 vs. 6.8 per 100,000 population). Much of this urban-rural difference is attributable to firearm suicides; during the same years, firearm suicide rates in New York's most rural counties were 6.8 times as high as firearm suicide rates in New York's most urban counties (8.2 vs. 1.2 per 100,000). Little urban-rural gradient is seen in non-firearm suicides (see Figure 10 below).

Figure 10: Urban-Rural Differences in All, Firearm, and Non-Firearm Suicide in NY, 2021-2023



Source: CDC WONDER (1)

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Goal 12 Objective 12.4: Rural Communities

Rural communities in New York State are facing a troubling increase in suicide risk, highlighting the urgent need for targeted prevention initiatives. These areas, often characterized by low population density, limited infrastructure, and significant distance from urban centers, face unique challenges. Geographic isolation, limited access to mental health services and qualified mental health professionals,, and stigma surrounding help-seeking behaviors, exacerbate vulnerabilities in these areas. Effective solutions must center the voices of those with lived experience, especially individuals who reflect and represent rural communities, to ensure programs are meaningful, relatable, and grounded in real-life experiences. It is also essential to recognize that rural communities are not homogenous. They include many of the same populations with increased disparities outlined in this strategic direction, and individuals often face overlapping barriers to care. Addressing these intersectional needs, including cultural, linguistic, and social differences, is critical to building prevention strategies that are truly inclusive and responsive. By implementing tailored, accessible, and stigma-reducing programs shaped by rural voices and experiences, we can strengthen community resilience and ensure individuals, regardless of identity or geography, have access to the support they need.

Objective 12.4.1:

- Improve availability of and access to suicide prevention information, training, and community-based resources that are culturally and linguistically relevant and responsive to the diverse identities and needs of individuals living in rural communities.

Objective 12.4.2:

- Improve community-based suicide prevention efforts within rural communities by incorporating perspectives and recommendations from diverse community members, especially those with suicide-centered lived experience.

Objective 12.4.3:

- Address social determinants of health and systemic issues impacting suicide risk among those in rural communities across the lifespan.

Objective 12.4.4:

- Support and implement targeted initiatives and programs that strengthen upstream protective factors in rural communities aimed at reducing isolation and improving connectedness.

Objective 12.4.5:

- Increase awareness and understanding of strengths, values, and challenges within rural communities, including barriers related to the accessibility, availability, and acceptability of mental health resources and services, to better inform and improve suicide prevention activities.

Objective 12.4.6:

- Design, implement, and sustain comprehensive suicide prevention activities, programs, and initiatives in rural communities that elevate lived experience and intentionally address the diverse and intersectional needs of all its residents.

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Goal 12 Objective 12.4: Rural Communities

Objective 12.4.7:

> Develop, improve and expand suicide prevention clinical practices, policies, and interventions, particularly within schools, healthcare, social services and other community-based systems and organizations serving rural communities.

Objective 12.4.8:

> Ensure rural communities have access to crisis support and response strategies that are informed by lived experience, address geographic and logistical, geographic challenges, and supported by well-trained, appropriately equipped law enforcement and first responders.

What Success Looks Like

Success in rural suicide prevention means individuals and families have access to culturally and linguistically relevant, stigma-reducing mental health resources that encourage help-seeking and connect them with care (Obj. 12.4.1). Suicide prevention strategies that are developed in collaboration with local stakeholders and individuals with lived experience, who reflect the diverse identities within rural communities. These strategies are grounded in the unique realities of rural life and responsive to the intersectional barriers faced by residents related to geography, identity, language, and access (Obj. 12.4.2).

Efforts to address social determinants of health result in expanded access through integrated supports such as telehealth services, school-based programming, job training, financial counseling, and other resources that promote long-term economic and social stability (Obj. 12.4.3). These efforts also confront structural barriers that disproportionately impact rural communities, including limited broadband infrastructure and access, unreliable public transportation, and persistent workforce shortages that restrict the availability of qualified mental health professionals. Success in this area reflects a coordinated response to these challenges through sustainable staffing strategies, infrastructure improvements, and flexible service delivery models that increase access across the lifespan (Obj. 12.4.4).

Community-led initiatives foster belonging, reduce isolation, and strengthen informal supports through peer networks, mentoring, and partnerships with trusted local organizations, including faith-based institutions and cultural groups. Suicide prevention programming is informed by an understanding of local values and traditions, including sensitivity to pro-social firearm use such as hunting and sport shooting, while still addressing the increased prevalence of firearms in rural households and promoting safe storage and lethal means safety strategies (Obj. 12.4.5). Sustained, community-driven programs, shaped by trusted local leaders and informed by the realities of those with suicide-centered lived experience, ensure accessibility, engagement, and long-term impact (Obj. 12.4.6).

Clinically, suicide prevention policies and interventions are integrated across schools, healthcare settings, social services, and other community-based systems that serve rural populations. Clinical care is trauma-informed, culturally responsive and addresses specific needs of the community. Success also includes building local capacity for behavioral healthcare through improved staffing, coordinated care, and cross-system collaboration to ensure services are relevant, inclusive, and sustainable (Obj. 12.4.7). Crisis care is locally tailored and accessible, with 988 and mobile crisis teams adapted to meet the geographic and logistical challenges that are unique to rural settings. Law enforcement and first responders are also equipped, trained, and supported to mental health crises with compassion and effectiveness, in alignment with community needs and best practices (Obj. 12.4.8).

Together, these efforts reduce suicide risk, save lives, and help create a stronger, more connected, and more resilient rural mental health landscape.

Spotlight Story



Suicide Prevention Efforts in Chautauqua County

Submitted by Carri Raynor, Coordinator, Suicide Prevention Alliance of Chautauqua County

Chautauqua County is a rural county in Western New York, where access to mental health services can be limited, making community-based suicide prevention efforts essential. The Suicide Prevention Alliance of Chautauqua County has grown into a leader in suicide prevention and is now transitioning to 501(c)(3) nonprofit status to expand its impact. Through evidence-based training like Mental Health First Aid, safeTALK, ASIST, Talk Saves Lives, Sources of Strength, and Trauma-Responsive Care, we have embedded suicide prevention into schools, workplaces, and healthcare systems.

Our coalition is launching a countywide Local Outreach to Suicide Survivors (LOSS) Team to support survivors in the immediate aftermath of suicide loss and Lock & Talk CHQ, an initiative focused on means safety. We are restructuring support groups to better serve those affected by traumatic loss. Community partnership and engagement remain central, demonstrated through events like the Kick Cabin Fever Indoor Triathlon, Veterans Ride for Suicide Awareness, Raynor Memorial Golf Tournament, the Tri-County Walk Series, and the Stomp Out the Stigma 5K. We also co-host the Hope & Healing Conference, addressing mental health, suicide, addiction, recovery, and grief.

To strengthen our work, we are restructuring into four focus areas: Wellness, Education, Grief, and Veterans. Transitioning to nonprofit status will allow us to secure funding, expand programs, and create a sustainable model for coalitions statewide, reinforcing our commitment to saving lives.

Resources to Consider

The Rural Health Information Hub: A comprehensive online resource that provides information, tools, and support to help rural communities address health disparities, including databases, toolkits, funding opportunities, and evidence-based practices.

Rural Minds: A national nonprofit dedicated to ending the stigma around mental illness in rural communities by promoting awareness, providing resources, and fostering open conversations about mental health.

FarmNet: Offers free, confidential support to New York farm families and agricultural workers, including mental health counseling, financial consultation, and stress management services tailored to the unique challenges of rural and farm life.

Addressing Mental Health Needs in Rural and Indigenous Communities: An article discussing the disproportionately high suicide rates in rural and Indigenous communities, exacerbated by factors such as stigma, mental health workforce shortages, and diminished healthcare infrastructure, particularly following the COVID-19 pandemic.

SAMHSA Rural Behavioral Health: This SAMHSA page outlines a comprehensive, equity-focused approach to improving behavioral health outcomes in rural America by emphasizing culturally responsive care, social determinants of health, and telehealth expansion. It highlights several grant and support programs that strengthen service delivery, workforce capacity, and recovery-oriented systems tailored to rural and tribal communities. Additionally, SAMHSA disseminates toolkits and regionally focused resources to help local providers and stakeholders implement best practices, integrate services, and overcome common rural challenges such as workforce shortages, limited broadband, and transportation barriers.



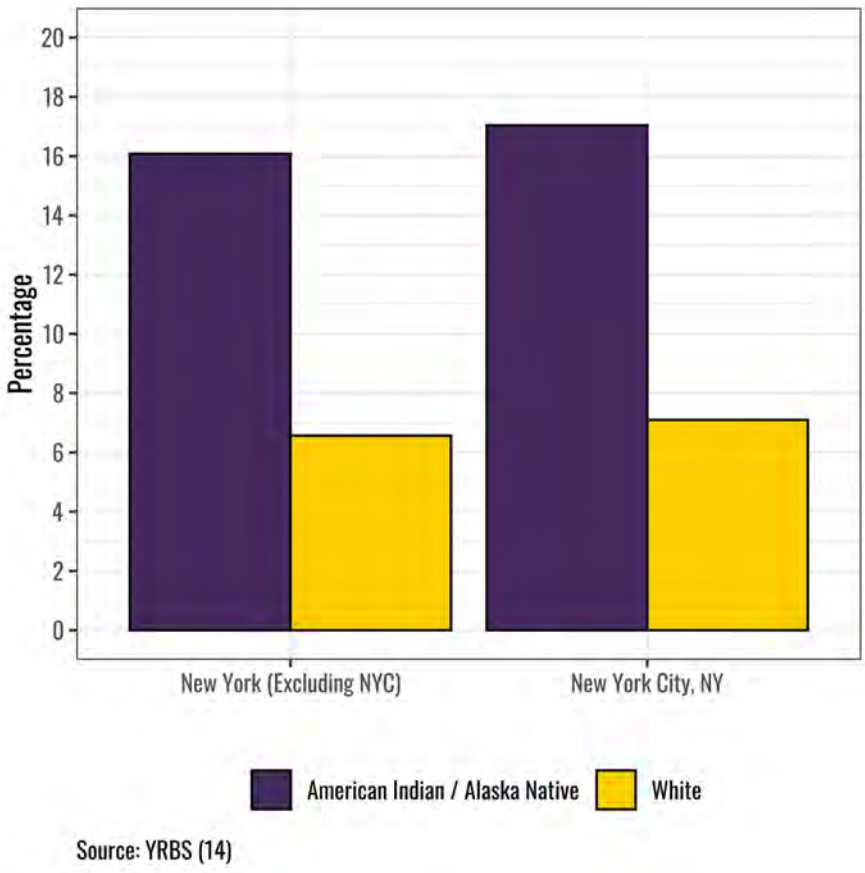
Goal 12

Objective 12.5: Indigenous Communities



Suicide-Related Outcomes Among Indigenous Communities

In the United States, people identified as American Indian or Alaska Native have the highest suicide death rates of any major racial and ethnic group, at 23.8 per 100,000 age-adjusted, compared to 14.1 per 100,000 for the country as a whole in 2023[1]. Geographically, suicide rates among American Indian and Alaska Native (AIAN) people over the past 5 years have been lower in east coast states and higher in western states. However, this may be affected by regional variation in misclassification of race on death certificates[26] and does not include AIAN decedents of more than one race. Furthermore, in the New York YRBS[14] surveys combining 2017 through 2023, the prevalence of self-reported suicide attempts in the past year was significantly higher among students identifying as AIAN compared to those identifying as white in both NYC (17.0% vs. 7.1%) and the rest of the state (16.1% vs. 6.6%). Although estimates for the rest-of-state sample are considered unstable because of the small number of respondents in the AIAN group, assessing prevalence among this group is necessary to understand health disparities in New York. Together, these trends warrant increased attention to suicide risk among Native populations in New York.



Source: YRBS (14)

Figure 11: Prevalence of Self-Reported Suicide Attempt in the Past Year among NY High School Students, 2017-2023 YRBS

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Goal 12 Objective 12.5: Indigenous Communities

Building relationships with Indigenous communities is essential to reducing suicides in New York State. This work must honor the sovereignty, cultural knowledge, and self-determination of Tribal Nations—who are sovereign governments, not simply communities at risk. Rather than imposing specific goals, it is essential that Indigenous communities lead their own suicide prevention initiatives, guided by their priorities and perspectives. The State's role is to offer support and technical assistance when requested and needed by the Tribal Nations. Fostering open communication and mutual information sharing can help ensure that resources, including guidance for non-Native clinical providers, are truly culturally responsive and grounded in the needs, strengths, and lived experiences of Indigenous communities. A collaborative approach built on trust, respect for sovereignty, and a clear understanding of historical relationships is critical to improving mental health outcomes and strengthening suicide prevention efforts of Indigenous peoples in New York.

Objective 12.5.1:

> Strengthen suicide prevention efforts in New York State by building relationships with Tribal Nations and Indigenous communities grounded in dignity, compassion, and respect.

Objective 12.5.2:

> Enhance and expand suicide prevention clinical practices, policies, and interventions delivered with systems serving Indigenous communities, including schools, healthcare, including behavioral health, social services, and other community-based care, to ensure effective, culturally responsive care, while increasing awareness and understanding of the strengths and challenges of Indigenous peoples.

What Success Looks Like

Success in preventing suicide among Indigenous communities in New York State depends on building enduring, respectful relationships with Tribal Nations, rooted in mutual trust and recognition of sovereignty. These relationships must center respectful dialogue and a shared understanding that Tribal Nations hold the ancestral knowledge, cultural wisdom, and lived experience necessary to guide healing within their own communities. While Tribal Nations lead the development of culturally grounded approaches, the State's role is to offer dedicated support through funding, technical assistance, and culturally responsive resources when requested and needed by the Tribal Nations (Obj. 12.5.1).

In parallel, success also means strengthening clinical practices, policies, and interventions within systems that serve Indigenous peoples. Efforts must recognize the critical distinction between Tribal Nations, which are sovereign governments with their own systems of care, and urban Indigenous populations, who often rely on non-Native providers and Western systems. The State will also provide support, when requested and needed, to assist Nations in strengthening their own culturally appropriate, holistic suicide prevention efforts. For Indigenous peoples living off-territory, success involves sustained collaboration with Tribal leaders and Indigenous organizations to ensure non-Native providers receive comprehensive, co-developed training on the historical, cultural, and systemic factors that influence mental health and suicide risk. Policies and interventions will be adapted to reflect Indigenous traditions and values, ensuring services are inclusive, accessible, and responsive (Obj. 12.5.2).

This collaborative approach will promote greater awareness and capacity among service providers, ensuring that suicide prevention efforts are both effective and culturally aligned with the needs of all Indigenous peoples in New York. Ultimately, success means Indigenous communities are empowered to lead their own suicide prevention efforts, with State support provided only when requested, and that Indigenous peoples living off-territory have access to care that is respectful, inclusive, and reflective of their cultural identities.

Spotlight Story

Unkechaug Nation 1658 Wellness Program Culturally Relevant Suicide Prevention

Submitted by Barry Miller and Samantha Smith

The Office of Mental Health applied for and received funding from SAMHSA's Transformative Transfer Initiative, for the purpose of implementing a community led suicide prevention program on the Unkechaug Nation territory on Eastern Long Island. Community members Barry Miller and Samantha Smith created the 1658 Wellness program, which uses culture and ancestral methods to promote healing, build relationships, and strengthen indigenous identity.

The 1658 Wellness program hosts multiple cultural classes (language, drumming, sewing, tribal history, connecting to the land, dancing, singing, beading, woodwork, jewelry making, etc.), traditional ceremonies, educational groups, and indigenous led counseling services. Reflective of indigenous cultures, the nature of this program builds on the intergenerational collectiveness of the community by encouraging anyone who is interested to join the classes. The 1658 Wellness program will feature the hard work of the youth participating in the cultural classes with a performance in the Nation's June 2025 Pow Wow.

Although the 1658 Wellness program is new, the initial impact at least anecdotally suggests the project is being positively received by youth participants and the community, with a formal evaluation underway. If successful, the approach of using traditional culture to restore health could serve as a blueprint for working with other indigenous groups across the state.

Resources to Consider

SPRC 2023 Tribal Communities Webinars: A series of webinars focused on building respectful, effective partnerships with tribal communities by highlighting culturally appropriate practices, community engagement strategies, and lessons learned from Native-led initiatives.

Culture Forward: A Strengths and Culture Based Tool to Protect Our Native Youth from Suicide: A strengths-based resource guide created in collaboration with Native communities to support suicide prevention efforts by centering Indigenous knowledge, resilience, and culturally grounded approaches to wellness.

Native and Strong Lifeline: The Nation's First 988 Crisis Line for Indigenous People: A dedicated crisis support line operated by Native counselors that is integrated with the national 988 system, providing culturally responsive, 24/7 support tailored to the needs of Indigenous people in Washington State.

The Wellbriety Journey to Forgiveness Documentary: This documentary explores the abuses of Indian Boarding Schools and the lasting intergenerational trauma experienced by Native communities. It provides critical context for understanding the factors that contribute to suicide risk among Indigenous peoples and highlights solutions and healing approaches led by Native leaders. The film is an important resource for anyone seeking to support culturally informed suicide prevention efforts.

Land-Based Intervention: A Qualitative Study of the Knowledge and Practices Associated with One Approach to Mental Health in a Cree Community: This qualitative study examines a "land-based intervention" in a Cree community, revealing how reconnecting Indigenous youth with the land, culture, and Elders builds cultural identity, intergenerational knowledge transfer, and stronger relationships.

Tribal-VHA Partnerships in Suicide Prevention Toolkit: A practical guide designed to support collaboration between Tribal Nations and the Veterans Health Administration, offering tools and strategies to enhance culturally appropriate suicide prevention services for Native veterans.

The Value of Lakota Traditional Healing for Youth Resiliency and Family Functioning: This study evaluates the impact of Oglala Lakota traditional healing on youth resiliency and family functioning in communities facing trauma, abuse, and behavioral challenges. It highlights the vital role of Indigenous traditions in fostering mental health and resilience among Native families.

Promoting Community Conversations About Research on Ending Suicide (PC CARES): A resource that builds communities of practice among local and regional service providers, community members, friends, and families to spark multilevel and sustained efforts for suicide prevention. In this model, learning circles supported by local facilitators foster personal and collective learning about suicide prevention in order to spur practical action on multiple levels to prevent suicide and promote health.

SPRC Resources for Tribal Communities: The Suicide Prevention Resource Center provides tribes with evidence-informed guidance, including Tribal Suicide Prevention Needs Assessments, suicide surveillance strategies, risk-and-protective-factors fact sheets, and capacity-building webinars and toolkits tailored for Native communities.

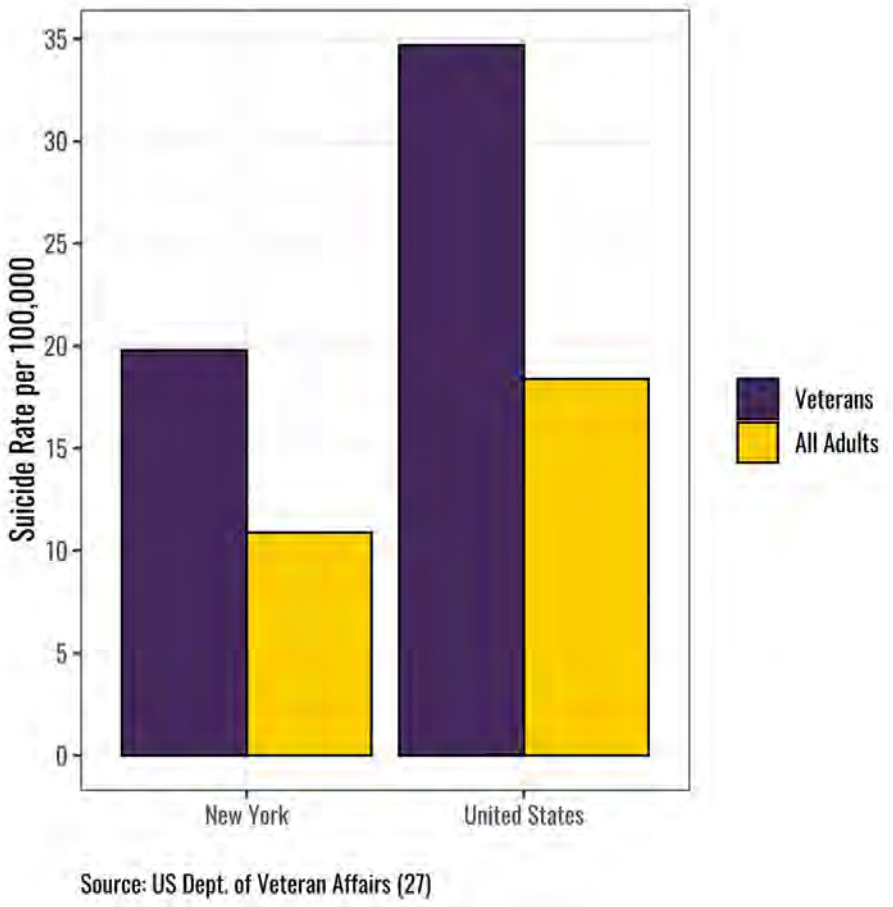
Goal 12

Objective 12.6: Veterans



Suicide-Related Outcomes Among Veterans

In New York as in the United States, veterans are disproportionately affected by suicide mortality. In 2022, the suicide rate among **New York veterans** was 19.8 per 100,000 adults, compared to 10.9 per 100,000 for adults statewide[27]. Veteran suicide rates in NY were lower than the national veteran suicide rate but higher than the suicide rate in the US general population. Rates were especially high among the youngest veterans, age 18-34, at 32.8 per 100,000; this is over three times the rate among 18-34 year-olds statewide. In New York, veteran suicides occur by firearm more often than do suicides among all adults (55.8% vs. 28.0%).



Source: US Dept. of Veteran Affairs (27)

Figure 12: Suicide Rate among Veterans and All Adults, NY and US, 2022

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Goal 12 Objective 12.6: Veterans

Veterans and military families in New York State face distinct challenges that contribute to heightened suicide risk. With suicide rates among veterans nearly twice that of civilians, many contend with the long-term impacts of trauma, moral injury, social isolation, food insecurity, and limited access to specialized support[28]. Addressing these challenges is not only a matter of public health, but a way to honor their service and commitment. By partnering with veteran-serving organizations to streamline services, reduce gaps in care, and eliminate redundancies, we can ensure that veterans and their families receive timely, effective, and culturally responsive support. These coordinated, community-driven efforts are essential to reducing suicide risk and fostering long-term resilience among veterans and their families.

Objective 12.6.1:

- Support existing community-based suicide prevention efforts for veterans living in New York State by working to incorporate perspectives and recommendations from veterans and their families, including those with suicide-centered lived experience.

Objective 12.6.2:

- Address social determinants of health and systemic issues impacting suicide risk among veterans and their families affected by suicide across the life span.

Objective 12.6.3:

- Enhance protective factors and foster connection to reduce suicide risk among veterans, including through veteran peer services and other supports.

Objective 12.6.4:

- Increase awareness and understanding of the unique barriers and challenges of military and veteran status to improve suicide prevention among service members, veterans, and their families.

Objective 12.6.5:

- Develop and implement comprehensive suicide prevention strategies for Veterans of all ages, from those newly transitioning to civilian life through later life stages, ensuring support across the entire lifespan for veterans and their families.

Objective 12.6.6:

- Ensure that veterans in New York State have access to crisis support and response services that are informed by lived experience and grounded in comprehensive, trauma-informed care.

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Goal 12 Objective 12.6: Veterans



What Success Looks Like

Success in preventing suicide among veterans in New York means increasing access to tailored mental health resources, ensuring prevention efforts are grounded in lived experience avoiding common stereotypical assumptions about "the veteran experience." Instead, efforts will honor and respect the unique experience of each individual veteran.

Resources will be available through a range of settings, including organizations prepared to serve Veterans, community centers, university-based clinics, telehealth, and online platforms, to ensure broad and accessible support. These resources will be co-developed with input from veterans, families, and organizations prepared to serve veterans to ensure relevance and effectiveness. Advisory councils and focus groups, including veterans with suicide-centered lived experience, those with less-than-honorable discharges, LGBTQIA+ veterans, BIPOC veterans, elderly veterans, and military families, will guide this work, fostering collaboration among mental health professionals, educators, social services, and other community organizations. Community-driven messaging will engage veterans and their families, promote connection, and encourage help-seeking (Obj. 12.6.1).

Mentorships, veteran peer programs, and community engagement opportunities will provide safe, supportive spaces for veterans and their families, especially those facing additional disparities such as service members newly transitioning to civilian life, LGBTQIA+ veterans, BIPOC veterans, and veterans with a less-than-honorable character of discharge from military service. Veterans will also have leadership opportunities within these programs to help shape services that reflect their needs and strengths (Obj. 12.6.3).

Public awareness campaigns will also be co-developed and feature credible messengers from the veteran community to amplify veteran voices and encourage help-seeking behavior, while emphasizing the importance of family involvement. These campaigns will also raise awareness of key barriers to care, including trauma, military-specific stressors, challenges in the transition from military to civilian life, also known as the "deadly gap," and the profound effects of social isolation (Obj.12.6.4).

Prevention strategies will align with broader efforts to address social determinants of health by strengthening partnerships with social service agencies to expand access to stable housing, nutritious food, employment and educational opportunities, and social connection. These efforts will place particular attention on often overlooked challenges such as food insecurity, which remains a significant concern for veterans (Obj. 12.6.2).

Strengthened collaboration across veteran-serving, healthcare, and behavioral healthcare systems will build an integrated network of supports that serves veterans and their families across all stages of life, from new veterans to those in later life stages. This network will provide access to effective suicide prevention resources, trauma-informed mental health care, veteran peer services, and community supports. Family involvement will be actively encouraged, fostering connectedness and promoting long-term stability and well-being (Obj. 12.6.5).

Culturally responsive, trauma-informed care will be embedded across mental health and crisis response systems, supported by a trained workforce attuned to the experiences of Veterans across their lifespan. Veterans will have access to tailored care through a variety of options and settings, including university-based clinics, telehealth, and community mental health services. Crisis response will prioritize community- and peer-led interventions, reducing reliance on law enforcement and emergency rooms, while simultaneously improving the military cultural responsiveness of law enforcement and emergency room personnel to ensure respectful and effective care when needed (Obj. 12.6.5 & 12.6.6).

Success means veterans and their families have the support, resources, and opportunities to thrive mentally, emotionally, and socially, within communities that honor and uplift their well-being.

Spotlight Story

Worried About a Veteran (WAV): A New York State Origin Story

Submitted by Kristen J. Vescera PhD, MPH, Associate Director of Education, VA Center of Excellence for Suicide Prevention

Worried About a Veteran (WAV) is a national initiative that empowers loved ones to prevent Veteran gun suicide. But before it's national launch, it started as a New York State (NYS) pilot program in 2022 when the Governor's Challenge to Prevent Suicide collaborated with Counseling on Access to Lethal Means (CALM) to help address Veteran gun suicide.

With initial funding from the NYS Health Foundation, WAV identified a gap and developed a unique approach to preventing Veteran gun suicide through empowerment of loved ones. Through interviews with Veteran spouses with lived experience and empirical research, WAV developed its initial content based on the needs of loved ones.

From its inception in NYS to its national launch, over 16,000 visitors came to the website, from NYS and across the country. Because WAV showed success as a pilot, it expanded nationwide in December 2024 with support from the Bronx Veterans Medical Research Foundation and additional funding from Face the Fight™.

WAV now provides resources for every step of a loved one's journey, including how to have successful conversations with Veterans about secure gun storage and an overview gun laws across all 50 states.

Since the national launch, WAV has reached over 630,000 users, with New York continuing to be among the top states for site traffic. By equipping loved ones to safely address lethal means, WAV has been helping to foster a culture of proactive suicide intervention for Veterans both in NYS and nationwide.

Resources to Consider

Joseph P. Dwyer Veterans Peer Support Project: A peer-to-peer support program for veterans in New York State that connects service members with fellow veterans to provide emotional support, reduce isolation, and ease the transition to civilian life—free of charge and confidential.

Onward Ops: A veteran transition support network that provides personalized, peer-guided assistance to service members before, during, and after their transition out of the military, helping them navigate resources related to employment, education, health, and housing.

Rocky Mountain MIRECC (Mental Illness Research, Education, and Clinical Center) for Suicide Prevention: A national leader in suicide prevention research and education within the VA system, focused on advancing evidence-based practices and improving mental health outcomes for veterans through innovative tools, training, and clinical support.

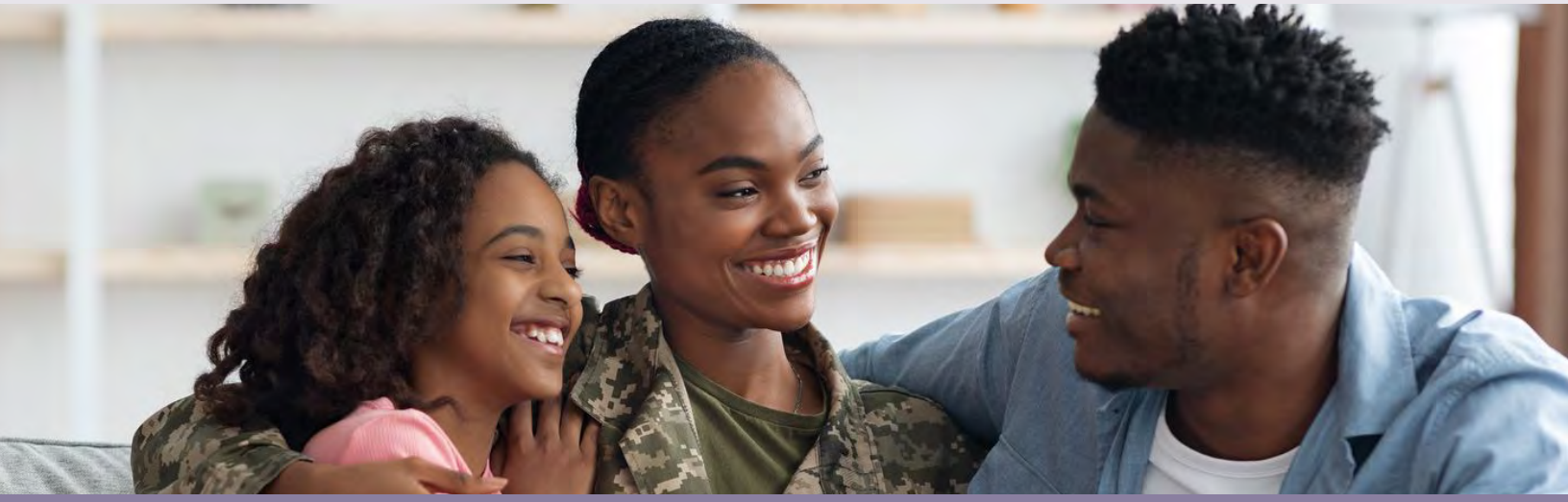
Don't wait. Reach Out: No mission should be fought alone. Life has its challenges. You don't have to solve them alone. That's true whether it's an everyday struggle, or something more complicated. This site was designed for Veterans to proactively seek support and resources.

Make the Connection: A VA campaign and website sharing real stories from veterans about overcoming mental health challenges, including suicidal thoughts, while offering resources, videos, and information on how to seek help and support.

New York State Department of Veteran Services - Suicide Prevention: A centralized hub offering suicide prevention resources and support services for veterans, their families, and service providers across New York, including connections to crisis lines, peer programs, and local initiatives.

AFSP Preventing Suicide in Military Families: A resource from the American Foundation for Suicide Prevention that provides education, tools, and support strategies tailored to military families, emphasizing connection, resilience, and ways to support a loved one at risk. Or connect with your local AFSP chapter for additional veteran programming through AFSP Find a local chapter.

Vets4Warriors: Vets4Warriors is a 24/7 confidential peer support program for Veterans and military families, staffed by those with lived military experience. It operates year-round through phone, chat, and email, offering ongoing support that helps Veterans navigate emotional, social, and logistical challenges before they escalate to crisis.



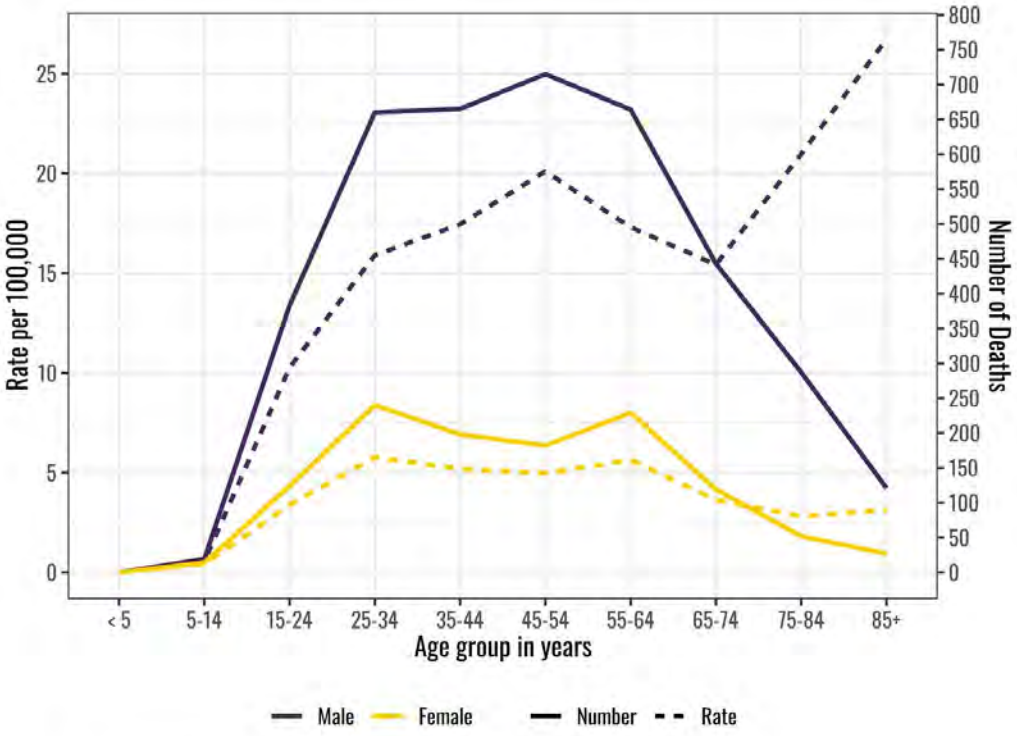
Suicide-Related Outcomes Among Working Age Men

Objective 12.7: Working-Age Men



In New York State, working-age men (males between 25 and 64 years old) are disproportionately affected by suicide mortality. From 2021 to 2023, the age-adjusted suicide rate among working-age males in New York was 17.7 per 100,000 population, compared to 5.4 among working-age females and 8.2 in the state as a whole[1]. Furthermore, large numbers of working-age males die by suicide each year in New York – an average of 900 per year between 2018 and 2023. **Both the number and rate** of suicides are elevated during mid-life and for males compared to females (see Figure 13 below). Working-age men also have a higher rate of suicide from firearms compared to the state as a whole (4.9 per 2.2 per 100,000 between 2021 and 2023).

Figure 13: Number and Rate of Suicides by Age Group and Sex in NY, 2021-2023



Source: CDC WONDER (1)

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Goal 12 Objective 12.7: Working Aged Men

Working-age men, defined as males between the ages of 25 and 64, in New York State face significant disparities in suicide rates, shaped by stressors such as job insecurity, financial strain, social isolation, relationship challenges, substance abuse, and the societal pressure tied to traditional masculine norms that often discourage seeking help. Many men are less likely to engage with traditional mental health services, often due to stigma, limited access to services, or the absence of resources that reflect their needs and experiences . Addressing these disparities requires targeted, evidence-informed suicide prevention efforts that embed mental health support into spaces where men naturally connect, such as workplaces, social settings, and community organizations. By improving availability and access to practical, stigma-reducing, and culturally relevant supports and programs, New York State can help reduce suicide risk among working-age men and foster an environment that promotes connection, resilience, and overall well-being.

Objective 12.7.1:

> Improve availability of and access to high quality, relevant suicide prevention information and resources for working-aged men.

Objective 12.7.2:

> Strengthen suicide prevention efforts by incorporating the perspectives and recommendations of working-aged men, including those with suicide-centered lived experience.

Objective 12.7.3:

> Identify and address social, economic, and structural barriers that contribute to suicide risk among working-aged men.

Objective 12.7.4:

> Promote and expand upstream protective factors that foster social connectedness, support networks, and a sense of belonging among working-aged men to help reduce suicide risk.

Objective 12.7.5:

> Improve awareness and understanding of the unique experiences and challenges faced by working-aged men to better inform suicide prevention activities.

Objective 12.7.6:

> Develop, implement, and sustain culturally relevant community-based suicide prevention programs tailored for working-aged men.

Objective 12.7.7:

> Improve and expand suicide prevention clinical practices, policies, and interventions that effectively address suicide risk among working-aged men.

Objective 12.7.8:

> Strengthen availability of and access to crisis support and response strategies that are responsive to the needs of working-age men.

» CONTINUED ON NEXT PAGE

Goal 12 Objective 12.7: Working Aged Men

What Success Looks Like



Success in improving suicide prevention efforts for working-aged men in New York means increasing access to mental health resources that are practical, relevant, and tailored to their experiences. Prevention strategies will actively incorporate the voices of working-aged men, including those with suicide-centered lived experience, to ensure that supports resonate and are accessible. Outreach efforts will take place in familiar spaces, such as workplaces, social settings- including barber shops, gun ranges, and fraternal organizations- and male-centered online platforms and forums, helping to reduce stigma and normalize conversations around mental health (Obj. 12.7.1 & 12.7.2).

Programs will be intentionally designed to reduce barriers to care, encourage help-seeking behaviors, and foster social connectedness. A strong focus on community-driven approaches will create supportive networks, mentorship opportunities, and avenues for social engagement, helping men form meaningful relationships and build a stronger sense of belonging and purpose. Services and programs will also address stressors that commonly impact working-age men, such as job insecurity, financial pressures, substance use, and societal expectations, through tailored, stigma-reducing interventions. This will include sharing mental health resources in workplaces and trusted social spaces such as sports leagues and faith-based groups (Obj. 12.7.3, 12.7.4, 12.7.5, & 12.7.6).

Collaboration among healthcare providers, employers, and community organizations will build a coordinated network of supports that are accessible, culturally relevant, and responsive to the needs of working-age men. Crisis response teams and peer support programs will be widely available through discreet, low-barrier options such as text-based services, walk-in centers, and trusted community organizations. Policies that promote workplace mental health and flexible pathways to care will further embed and encourage mental wellness in everyday environments *(See also Goal 16)*. Success will be reflected in greater awareness, improved mental health literacy, and increased engagement with available resources (Obj. 12.7.6, 12.7.7, & 12.7.8).

Ultimately, through targeted interventions and supportive environments, working age-men across New York State will be empowered to prioritize their mental health, build meaningful connections, and seek help when needed, leading to reduced suicide risk and improved overall well-being.

Spotlight Story

NYS Laborers' HOPE LIVES Campaign

Submitted By Gwennan Bouchard, NYS Laborers-Employers Cooperation and Education Trust (LECET) Communications & Public Relations Manager

For many years, there has been a documented rise in substance use disorders and a growing mental health crisis in our nation and, more specifically, in the construction industry. It became clear that the NYS Laborers' Health & Safety Trust Fund had a clear responsibility to our membership and their families to take immediate and decisive action.

In 2023, the NYS Laborers' Health and Safety Trust Fund's **HOPE LIVES** campaign, an aggressive and highly visible marketing effort to raise mental health awareness in the construction industry, was officially launched. HOPE LIVES utilizes a variety of tools including job site posters, wearables, coffee cups, a dedicated outreach website and other points of contact to highlight the numerous mental health resources available to our members and their families.

All **HOPE LIVES** materials, including posters, shanty stickers, window clings and brochures are available in English, Spanish, Portuguese and Polish. Coffee cups highlighting the program website and available resources have been actively deployed at countless job sites, union halls and training centers.

HOPE LIVES continues to be our most successful, prolific and life-changing campaign to date. The **HOPE LIVES** program template has been utilized nation-wide throughout multiple LIUNA regions and adopted by several building trades and contractor associations, with the most recent being the Building Contractors Association. It is an honor to freely share all collateral with any union entity or management partner who requests it, and we take great pride and comfort in knowing the information is being widely shared.

Resources to Consider

ManTherapy: A unique mental health campaign that uses irreverent humor to engage men—especially working-age men—on topics like depression, anxiety, and suicidal thoughts, while connecting them to real tools and resources for support.

New York Capital Connect - Working Aged Men: A New York State initiative focused on addressing mental health and suicide prevention among working-aged men by promoting early help-seeking, challenging stigma, and providing links to support services.

Preventing Suicide among Men in the Middle Years: A CDC publication offering evidence-informed strategies and practical recommendations for preventing suicide among men aged 35–64, emphasizing outreach, social connection, and support tailored to the unique risk factors faced by this population.

Men and Suicide Fact Sheet: An educational resource that explores the disproportionately high rates of suicide among men, including contributing factors such as stigma, underdiagnosed mental health conditions, and limited help-seeking behaviors, while highlighting strategies for prevention.

See also Goal 16.



Strategic Direction 4

Expanding Effective Community-Driven Suicide Prevention

Suicide prevention is not just a set of policies or programs delivered in clinical settings. It is a shared responsibility that extends beyond the healthcare system and into the daily lives of those who live, work, learn, and gather in every community. To have lasting impact, suicide prevention efforts must be woven into the fabric of everyday life, reflected in our schools, workplaces, neighborhoods, and community spaces. Strategic Direction 4 focuses on building sustainable, community-driven approaches that embed suicide prevention across all aspects of society.

When communities are informed, engaged, and empowered, they play a critical role in addressing the social, emotional, and societal factors that contribute to suicide risk. For suicide prevention efforts to be truly effective, broad participation and integration within every system is required; efforts must be guided by shared knowledge, suicide-centered lived experience, and a collective commitment to suicide prevention care.

This strategic direction emphasizes proactive community engagement through the establishment of collaborative partnerships, promotion of lethal means safety, expansion of community education and training, integration of suicide prevention into the workplace, and development of compassionate postvention responses. Improved communication, both in public messaging and interpersonal conversations, is key to changing norms, reducing stigma, and supporting informed action. Addressing these elements together builds a comprehensive approach to suicide prevention, that meets people where they are, responds to diverse needs, and reinforces prevention at every level of community life[30].

By fostering strong partnerships and embedding prevention into all aspects of daily life, New York State can build a culture where suicide prevention and mental wellness are shared priorities — and where every community is equipped and ready to take action.



"This direction hits home for me because community-driven suicide prevention is where I've seen the most meaningful impact. Real prevention doesn't come from a top-down mandate—it comes from relationships, trust, and consistent presence. It's the small moments: a teacher who knows how to check in with a student, a coach who sees a shift in behavior, or a community member who feels confident enough to ask the hard question. That only happens when suicide prevention is embedded in the culture—not something extra, but something expected.

We need to continue building partnerships across sectors—faith leaders, libraries, local businesses, funeral homes, first responders, and grassroots groups. Everyone has a role. And we have to move upstream—this isn't just about responding to crisis, it's about creating environments where people feel connected, valued, and supported long before they reach a breaking point. We also can't forget about postvention. When a suicide does occur, how a community responds can either cause further harm or promote healing. Every single person in a community has the potential to be part of the solution—but only if we equip and empower them to act. That's what community-driven prevention looks like: local leadership, lived experience, and people who care enough to show up."

– Anonymous Suicide-Centered Lived Experience Survey Respondent

Goal 13

Establish effective, broad-based, collaborative, and sustainable suicide prevention partnerships.

Objective 13.1:

> Develop relationships and build partnerships that engage public and private sectors, community organizations and coalitions, local leaders and diverse community representatives, and individuals with suicide-centered lived experiences to expand suicide prevention efforts and improve outcomes.

Objective 13.2:

> Strengthen and sustain collaboration across state and local agencies to align programs, data, and resources in support of a coordinated, statewide approach to suicide prevention.

What Success Looks Like

Success for Goal 13 means a strong, coordinated network of suicide prevention partnerships will be established and sustained across New York State. Public and private sector organizations, county coalitions, state and local agencies, those with suicide-centered lived experiences, and local and diverse community representatives will work together to expand the reach and impact of suicide prevention efforts. These partnerships will foster trusted relationships across sectors, align resources, strengthen local and state systems of care, and ensure that prevention strategies are responsive to community needs. Through sustained collaboration and coordination, New York State will advance a comprehensive, statewide approach to suicide prevention and support long-term progress across all communities.



Spotlight Story

State Agency Partnerships: Office of Mental Health & Department of Labor

Submitted by New York State Department of Labor, Unemployment Insurance

At the New York State Department of Labor in their Unemployment Benefits Telephone Claims Center (TCC), our customers are calling because they need help navigating the complex world of unemployment. Think about it this way, when they need help the most – with money for food, shelter, and financial security at a time when they find themselves out of a job – our agents are there to answer their questions. This may mean there's an added layer of frustration and/or desperation right out of the gate with some of those calls resulting in threats to harm themselves. Recognizing this, the TCC partnered with our Employee Development & Growth through Education (EDGE) to develop a new program offering a series of trainings to help better prepare staff when they face those scenarios.

A critical first step for us has been for all staff to be offered the opportunity to take the Link to HOPE training and we're happy to say 200+ of them participated in April 2025. This training has given us a deeper understanding of suicide awareness and the easy steps we can take to help those in need. Since they took the course, staff have expressed how informative it was and meaningful it was for them personally. We have greatly valued this chance to leverage the expertise offered in the Link to Hope training, giving us a safe space to learn and share.

Resources to Consider

Suicide Prevention Resource Center (SPRC) Partnerships and Collaboration: An SPRC resource emphasizing the importance of partnerships and collaboration in suicide prevention strategies. It provides guidance on identifying potential partners, building effective collaborations, and ensuring coordinated efforts to achieve meaningful change in target populations.

Including Lived Experience in Suicide Prevention: Roses in the Ocean provides a set of guiding principles for organizations to authentically engage individuals with lived experience of suicide in prevention efforts. It emphasizes the value of incorporating personal insights to inform and enhance suicide prevention strategies, ensuring they are person-centered and effective.

Colorado-National Collaborative (CNC) for Suicide Prevention: The Colorado-National Collaborative (CNC) serves as a strong example of a multi-sector partnership in suicide prevention. The CNC focuses on aligning efforts across sectors to create a unified approach to suicide prevention and reduce suicide rates in Colorado.

Center for Health Care Strategies (CHCS): Through policy development, technical assistance, and cross-sector collaboration, CHCS supports state and community leaders in building more effective, person-centered systems of care. Their extensive library of tools, publications, and case studies includes resources on behavioral health, Medicaid, social needs, and care integration.

Goal 14

Promote lethal means safety among people at risk of suicide.

Objective 14.1:

> Educate and equip credible messengers and subject matter experts with the knowledge and tools to promote lethal means safety and encourage safe and secure storage of firearms, medications, poisons, ligatures, and other means.

Objective 14.2:

> Develop and implement community-responsive policies, programs, messaging, and best practices that increase time and distance between individuals at elevated risk of suicide and access to lethal means.

Objective 14.3:

> Partner with firearm organizations and other relevant community organizations to integrate suicide prevention into firearm safety education and promote responsible ownership practices.

What Success Looks Like

Achieving this goal will result in a comprehensive, coordinated approach to lethal means safety embedded across New York State. State and local agencies, community organizations, and trusted messengers, including firearm instructors, pharmacy technicians, schools, public defenders, and hospital staff, will be equipped with the knowledge and tools to implement best practices that increase time and space between individuals at elevated risk of suicide and access to firearms, medications, poisons, ligatures, and other lethal means. Tailored policies and programs will reflect the needs of communities, while partnerships with firearms and other relevant organizations will integrate suicide prevention into firearm safety programs and responsible ownership practices. These efforts will build statewide capacity to reduce access to lethal means during high-risk times, enhance safety across various settings, and ultimately save lives.



Spotlight Story



Firearm Safety Efforts in Erie County & Western New York

Submitted by Celia Spacone, Ph.D, Coordinator, Suicide Prevention Coalition of Erie County

Firearms account for a third of suicide deaths in Erie County and half nationwide. The Suicide Prevention Coalition of Erie County focuses on means reduction efforts highlighting firearm safety. This includes distribution of free gun locks, tabling at gun shows, and educational events for firearm owners. They provided educational gift bags for 1500 hunters when they picked up their doe tags and licenses.

In 2020, they worked with an intern from the Master's in Public Health Program of the University at Buffalo to develop a Firearm Storage Map. This interactive map for Erie and Niagara Counties shows icons for storage locations. Locations include firearm retailers and repair shops, firing ranges, and law enforcement agencies. With a click on an icon the user can see the address, phone number, cost and any details about subsequent retrieval processes. Usually, the process simply involves a background check. Upon request, several of the law enforcement agencies will even come to pick up the firearm in their district. At each location a firearm owner can voluntarily and temporarily arrange for safe storage of their firearm during times of personal or family stress. Many Coalition agencies post the link as has the Erie County Department of Mental Health. It's had over 10,000 views! There is also a short video with directions on how to use the map.

The map is currently being expanded to include Genesee, Orleans and Wyoming Counties.

Resources to Consider

Lethal Means & Suicide Prevention: A Guide for Community & Industry Leaders: National Action Alliance for Suicide Prevention's guide provides an overview of the role lethal means play in suicide and highlights actions taken by governments, organizations, and industries to reduce access to these means among individuals at risk. It aims to equip community and industry leaders with the knowledge and guidance needed to contribute to suicide prevention efforts.

AFSP Policy Priority: Lethal Means Safety: This AFSP resource outlines the importance of lethal means safety as a policy priority. It emphasizes the need for strategies that reduce access to firearms and other lethal means among individuals at risk for suicide, advocating for policies and practices that can save lives.

Life Side Ohio: Life Side Ohio is a partnership between the Ohio Suicide Prevention Foundation and firearm stakeholders, including retailers, veterans, and first responders, to conduct grassroots suicide prevention outreach tailored specifically to gun owners. It focuses on safe storage and lethal means education through listening-first engagement to reduce firearm suicide in Ohio.

SPCNY Make Your Home Suicide Safer Brochure: This brochure provides practical steps for individuals and families to reduce the risk of suicide in the home. It includes guidance on safely storing firearms and medications, creating a supportive environment, and recognizing warning signs of suicide.

Firearm Suicide Prevention & Lethal Means Safety: This resource from the VA emphasizes the importance of lethal means safety in preventing suicide among veterans. It provides information on safe storage practices, strategies to put time and distance between individuals in crisis and firearms, and resources for veterans and their families to reduce suicide risk.

Counseling on Access to Lethal Means (CALM): The CALM America website is designed to educate mental health professionals and others on strategies to reduce access to lethal means, such as firearms and medications, among individuals at risk for suicide. The CALM training emphasizes respectful, collaborative approaches to means reduction, aiming to increase the time and distance between at-risk individuals and potential methods of self-harm.

Goal 15

Strengthen community-based suicide prevention by implementing and supporting policies and programs in places where people live, work, learn, play, volunteer, and worship.

Objective 15.1:

> Build and strengthen the capacity of local coalitions, organizations, and community leaders to plan, coordinate, and sustain comprehensive suicide prevention efforts.

- **15.1.1:** Leverage existing state and local infrastructure to assess community strengths and gaps as well as inform data-driven suicide prevention planning.

Objective 15.2:

> Train community members, organizations, and local groups with the knowledge and skills to recognize warning signs, offer support, and connect individuals experiencing suicidal thoughts to appropriate resources.

Objective 15.3:

> Expand upstream community-based programs to target the common risk factors of co-occurring substance and mental health disorders, and strengthen protective factors such as resilience, social connectedness, and community support.

Objective 15.4:

> Implement suicide prevention policies, programs, and practices in community settings, ensuring prevention efforts are accessible and relevant.

- **15.4.1:** Support schools, youth-serving organizations, and higher education institutions in integrating suicide prevention into existing programs, curricula, and policies **(See also Goals 9, 10, & 11).**
- **15.4.2:** Promote suicide prevention awareness, training, and postvention planning across faith-based organizations, volunteer groups, and other key community settings, including workplaces **(See also Goal 16).**
- **15.4.3:** Expand the use of peer-delivered services and supports in community-based suicide prevention, ensuring individuals with lived experience are trained, supported, and integrated into prevention, intervention, and postvention efforts.

What Success Looks Like

Success means communities across New York State will lead the way in creating safer, more connected environments where suicide prevention is part of everyday life. Community leaders and local organizations and coalitions will have the capacity to plan, coordinate, and sustain prevention efforts that reflect local strengths, needs, and lived experiences. Suicide prevention policies, programs, and practices will be implemented in the places where people live, work, learn, play, volunteer, and worship, ensuring prevention efforts are visible, accessible, and able to reach all community members. People across these settings will be equipped to recognize suicide risk, provide support, and connect individuals to care. Efforts will also focus on upstream strategies that reduce isolation, strengthen protective factors against developing mental health and substance use disorder, and promote mental well-being through peer-led programs, volunteer opportunities, and other community-based initiatives. Through these community-driven efforts, suicide prevention will become an integral part of community life, expanding access to care, strengthening local support networks, and driving lasting reductions in suicide risk across New York State.

Spotlight Story

SUNY's Mental Health Resource Finder

Submitted by Julie Maio, Director of Student Mental Health & Wellness

With support from the NYS Office of Mental Health's Garrett Lee Smith Grant, SUNY developed and launched an online **Mental Health Resource Finder.** SUNY's Mental Health Resource Finder serves multiple purposes: it helps students understand the mental health services available on their campuses; connects them with off-campus supports; and highlights statewide and national resources tailored to the needs of underrepresented student groups. The Resource Finder is actively promoted through ongoing communication campaigns, including social media graphics and posts.

More generally, mental health is a vital component of overall well-being, and its importance within the SUNY system cannot be overstated. By creating accessible, inclusive, and stigma-free support systems, such as the Mental Health Resource Finder, SUNY demonstrates its continued commitment to supporting the mental health and well-being of our campus communities.

Resources to Consider

EDC Community-Led Suicide Prevention: An online resource designed to assist communities in developing and implementing suicide prevention strategies. It outlines seven key elements, including unity, data, planning, fit, integration, communication, and sustainability, offering step-by-step guidance and resources for each component to support community-driven initiatives.

CDC Suicide Prevention Resource for Action: This resource outlines evidence-based strategies for suicide prevention, including approaches to building partnerships across sectors such as healthcare, education, and community organizations. It provides actionable steps to implement effective suicide prevention initiatives and foster collaboration.

SPRC Recommendations for Local Suicide Prevention Infrastructure: A set of guidelines developed by SPRC to assist local entities in establishing, enhancing, and maintaining robust suicide prevention infrastructures. These recommendations align with Goal 6 of the National Strategy for Suicide Prevention, aiming to build and sustain effective suicide prevention frameworks at all governmental levels.

SPCNY Training Options: A comprehensive suite of evidence-based trainings, workshops, and online modules tailored for clinicians, healthcare professionals, educators, and community members offered through SPCNY. The offerings include programs like Link to Hope, Applied Suicide Intervention Skills Training (ASIST), safeTALK, and specialized workshops for school staff and administrators, all designed to equip participants with the skills necessary for effective suicide prevention, intervention, and postvention.

Moving Suicide Prevention Upstream: From Concept to Action: This resource reframes suicide prevention through a public health lens, urging a shift from crisis intervention to proactive upstream strategies that tackle root causes—like social disconnection, economic hardship, and trauma—via community-based and policy-level action. It equips practitioners and coalition leaders with actionable tools such as messaging guides, sustainability planning, and progress measurement, to embed upstream practices within state, Tribal, and local systems.



Goal 16

Develop and integrate suicide prevention, mental wellness, and crisis response into workplace values and culture through the implementation of sustainable organizational programs, practices, and policies that support and promote worker well-being at all levels.

Objective 16.1:

> Improve workplace culture and communications in ways that support mental health, eliminate stigma, and prioritize wellbeing while also integrating these priorities into the organization's core values and policies.

- **16.1.1:** Promote open and inclusive communication strategies that prioritize psychological safety and normalize mental health discussions.

Objective 16.2:

> Deliver evidence-based training for all staff, focusing on recognizing warning signs of mental distress, reducing stigma, and intervening effectively in crisis situations.

- **16.2.1:** Equip managers and supervisors with the skills to support employees effectively, foster open dialogue, and connect individuals to appropriate resources.

Objective 16.3:

> Ensure workplaces have established comprehensive crisis response protocols and postvention strategies that guide staff in addressing mental health crises and suicide-related incidents, support recovery, and minimize the impact on employee well-being and organizational culture.

Objective 16.4:

> Implement policies and programs that promote protective factors and reduce workplace stressors, including flexible work arrangements, manageable workloads, and initiatives that foster healthy boundaries between work and personal life.

Objective 16.5:

> Ensure all employees have access to mental health resources, such as employee assistance programs (EAPs), peer support networks, and confidential counseling services, to support their well-being.

What Success Looks Like

Successfully achieving Goal 16 will be reflected in the development of a comprehensive, supportive, and sustainable workplace where mental wellness and suicide prevention are deeply integrated into the organization's guiding principles, policies, and practices. This will foster a culture that prioritizes employee well-being, reduces mental health risks, and actively promotes protective factors at all organizational levels. These efforts will create a workplace environment where mental wellness and suicide prevention are seamlessly woven into daily operations. Employees will feel genuinely supported, valued, and empowered to maintain their mental health. Success will be demonstrated through positive employee feedback, increased engagement, reduced turnover, and a more resilient workforce that is better equipped to thrive, even in challenging times.

Resources to Consider

New York CARES UP: CARES UP is a wellness and resiliency program for uniformed personnel organizations. This model is intended for leaders at New York State uniformed personnel organizations and serves as a how-to-guide that includes helpful templates and resources to implement the program.

U.S. Department of Health and Human Services, Surgeon General's Report on Workplace Well-Being: A 2022 Surgeon General report that emphasizes the importance of workplace well-being as a key factor in mental health and suicide prevention. The report provides actionable insights and strategies for employers to implement well-being programs that promote employee mental health, reduce risk factors for suicide, and improve overall workplace culture.

The Action Alliance Workplace Suicide Prevention and Postvention: Resources focused on advancing suicide prevention efforts in the workplace. It provides toolkits and best practices to guide employers in creating supportive environments that prioritize mental health and reduce the stigma surrounding suicide prevention in the workplace.

How Employers Can Advance the 2024 National Strategy for Suicide Prevention: A blog post detailing the National Strategy for Suicide Prevention, with a specific focus on the role of workplaces in reducing suicide risk. It highlights strategies for workplaces to play an active role in prevention, including fostering mental health awareness, providing resources for employees, and building supportive work cultures.

Workplace Suicide Prevention: A comprehensive initiative focused on creating mentally healthy workplaces and preventing suicide among employees. It provides organizations with tools such as the "Quick Start Guide" to develop workplace suicide prevention plans. Key strategies include leadership development, reducing job strain, fostering communication, promoting self-care, providing specialized training, offering peer support, and ensuring access to mental health resources.

OMH BeWell Campaign: This New York State Office of Mental Health campaign is an accessible mental wellness hub, offering practical guidance on managing stress, building resilience, and understanding trauma. With user-friendly tips, calming strategies, and downloadable materials, it empowers individuals and communities to nurture their mental health and wellness in ways that work for them.



Goal 17

Develop and disseminate effective suicide prevention messaging informed by research and guided by best practices.

Objective 17.1:

> Convey clear, safe, and accessible suicide-related data and trends to a range of audiences to inform public health actions.

Objective 17.2:

> Raise public awareness of suicide warning signs, prevention, and the multiple factors that can influence suicide risk.

Objective 17.3:

> Engage with individuals with suicide-centered lived experience to develop, implement, and evaluate targeted communication efforts, including stories of help, hope, and healing, that promote help-seeking and offer guidance on supporting someone in crisis.

Objective 17.4:

> Partner with youth to develop, implement, and assess communication strategies that promote healthy engagement with social media and other digital platforms among young people.

Objective 17.5:

> Collaborate with news media, the entertainment industry, and journalism and mass communication schools to promote safe, accurate, and responsible reporting of suicide, encourage portrayals of positive mental health and coping strategies, and ensure that stories and content consistently share information about available suicide prevention and crisis resources.

Objective 17.6:

> Amplify awareness of the 988 Suicide & Crisis Lifeline and other crisis services through communications. ***See also Goal 20.***

What Success Looks Like

Success will be demonstrated through the development and implementation of research-based suicide prevention communication strategies that effectively engage and resonate with diverse audiences across New York State. These efforts will help shift public understanding around suicide and suicide prevention, fostering a culture where mental health is openly discussed, suicide is recognized as preventable, and individuals feel empowered to seek help and support others. Communications will consistently promote awareness of crisis and prevention resources, encourage help-seeking, and support responsible media portrayals of suicide and mental health. Increased awareness, more accurate reporting, and healthier engagement with digital platforms will expand the reach and impact of suicide prevention efforts, contributing to a stronger community capacity to prevent suicide and promote well-being statewide.

Spotlight Story

Using Voices of those with Lived Experience

Submitted by Emily Crumb

When I filmed the *Stories of Hope* video, I had no idea just how far my story would reach. The response was overwhelming—schools, individuals, and organizations reached out, sharing that my journey made them feel seen and encouraged them to seek support. It was then that I truly understood the power of digital storytelling: social media connects us at the exact moment we need hope the most.

After seeing my *Stories of Hope* video on Facebook, the Office of Community Relations and Engagement at SUNY Upstate Medical University invited me to speak at an event where I will be sharing my personal journey as a suicide attempt survivor and speaking about the importance of mental health awareness. By opening up about my experience, I hope to foster a supportive environment that encourages individuals to seek help, start conversations, and recognize that they are never alone.

I did not expect filming *Stories of Hope* to heal me as much as it did. Hearing my voice talking about my darkest moments made them real, leading to acceptance. For the first time, I realized it was okay to talk about it. This is my story. These experiences are part of me. And I survived.

Stories of Hope was the first time I allowed myself to be vulnerable transcribing my pain into words. For the first time, I realized it was okay to be honest about my struggles with depression because this is my story. These experiences are part of me. And I survived.

My journey from crisis to recovery has given me the chance to turn pain into purpose and to use my voice to advocate for mental health awareness and to stand as living proof that even the darkest moments can lead to powerful purpose.

Resources to Consider

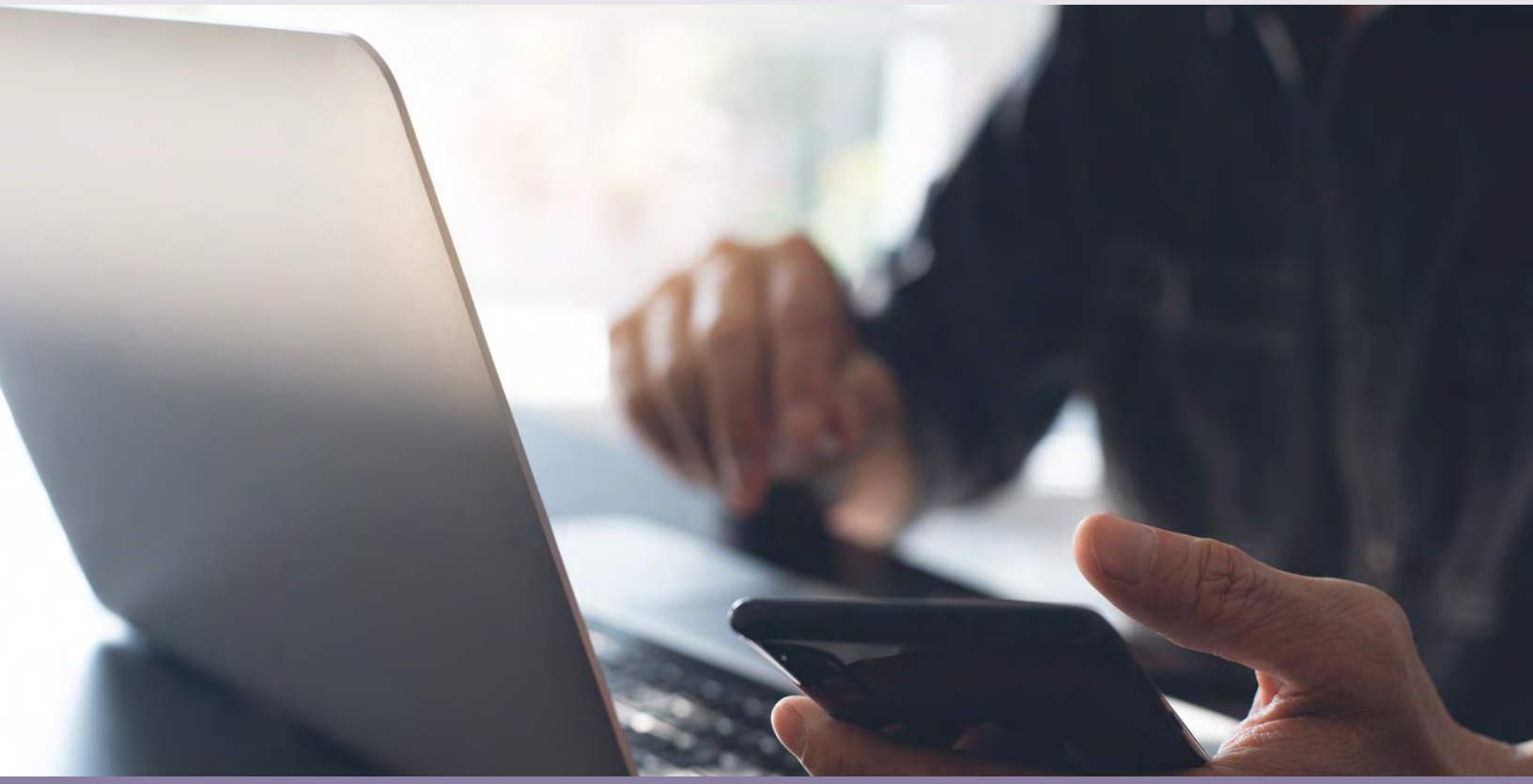
SAMHSA 988 Marketing Toolkit: A toolkit developed by the Substance Abuse and Mental Health Services Administration (SAMHSA) to assist partners in promoting the 988 Suicide & Crisis Lifeline. The toolkit provides resources such as messaging guidelines, digital and social media assets, and materials for outreach to help organizations effectively promote 988 and raise awareness about mental health crises and suicide prevention.

NYS Office of Mental Health 988 Marketing Toolkit: A resource developed by the New York State Office of Mental Health to support local outreach and education efforts for 988. The toolkit includes promotional materials, best practices for communication, and guidance on integrating 988 into mental health crisis response efforts across the state.

Reporting on Suicide Best Practices: A set of guidelines and best practices for journalists and media outlets when reporting on suicide. These guidelines aim to reduce the risk of suicide contagion, promote responsible reporting, and support public health efforts by encouraging sensitive and accurate coverage of suicide and mental health issues.

Suicide Prevention Messaging Framework: This resource offers a research-based framework for strategic, safe, and effective communication about suicide, emphasizing intentional planning, alignment with broader goals, coordination with supports and services, and clear, actionable messaging guided by safety guidelines

American Foundation for Suicide Prevention Marketing Toolkit: A toolkit from the American Foundation for Suicide Prevention providing resources for organizations to promote suicide prevention efforts. It includes social media templates, promotional tools, and guidelines to help partners effectively raise awareness, reduce stigma, and encourage engagement with suicide prevention resources.



Goal 18

Develop and implement postvention strategies and programs within organizations, communities, and healthcare settings to support healing and recovery following a suicide death, ensuring timely access to resources and support services.

Objective 18.1:

> Develop and implement postvention training, resources, and tailored guidance for each setting to ensure a proactive, comprehensive approach to postvention.

- **18.1.1:** Improve communication around and access to postvention resources, information, and training to ensure widespread availability and awareness of best practices and up-to-date research.
- **18.1.2:** Actively involve suicide attempt and loss survivors in the co-creation, implementation, and ongoing evaluation of postvention resources, guidelines, and protocols, ensuring that their lived experiences shape the development of effective, relevant, and compassionate support strategies.

Objective 18.2:

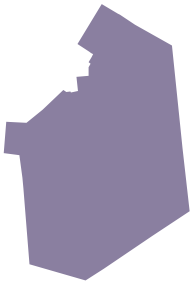
> Offer comprehensive postvention support to individuals bereaved by suicide, ensuring ongoing compassionate care and emotional assistance.

What Success Looks Like

Successfully achieving Goal 18 will involve the widespread implementation of comprehensive postvention across organizations, communities, and healthcare systems throughout New York State. Professionals, caregivers, educators, and community leaders will be equipped with training, resources, and tailored guidance to provide effective, compassionate and effective support following a suicide attempt or death. Postvention resources will be informed by best practices, current research, and the lived experiences of survivors of suicide loss and attempts, ensuring they are culturally relevant, accessible, and responsive to community needs. Individuals bereaved by suicide will have access to continuous emotional support, fostering healing and connection. Through these efforts, postvention programs will strengthen local networks of care, reduce the risk of further trauma or suicides, and create compassionate spaces where survivors feel supported and empowered in their healing journey.



Spotlight Story



Lewis County Traumatic Loss Teams

Submitted by Carla M Hellinger,
Director of Lewis County Office for the Aging

Lewis County's Postvention efforts, led by the Lewis County Traumatic Loss Team (TLT), have become a cornerstone in the region's suicide prevention strategy. By providing immediate, compassionate support to those impacted by a sudden or traumatic loss, the TLT has effectively reduced the risk of further tragedies, promoting both healing and recovery within the community. The team, composed of dedicated volunteers, offers on-scene responses to assist family, friends, neighbors, coworkers, hospital staff, emergency responders, and law enforcement during critical moments.

These active responses help normalize the grieving process, alleviate stress, and connect individuals with essential resources in real time. The TLT's formal debriefings offer structured support for those coping with the immediate aftermath of a traumatic event, ensuring they receive the necessary tools to process their grief. By forging meaningful relationships with affected individuals and leaving behind resources for further support, the TLT has helped to stabilize environments in the wake of crises, effectively reducing the likelihood of suicide contagion.

The response from community members has been overwhelmingly positive, with many expressing deep gratitude for the team's presence and guidance during their most difficult times. These efforts have not only facilitated healing but have also set a powerful example of how postvention, when properly implemented, can be a proactive and preventative force in suicide prevention, strengthening the community's resilience.

Resources to Consider

SPRC Provide for Immediate and Long-Term Postvention: The Suicide Prevention Resource Center (SPRC) outlines postvention as a critical component of comprehensive suicide prevention. This includes providing immediate and ongoing support to individuals and communities affected by suicide loss. The resource highlights the importance of coordinated responses, reducing the risk of suicide contagion, and offering timely access to mental health support and other services to promote healing and resilience.

SPCNY Postvention Page: The Suicide Prevention Center of New York (SPCNY) provides postvention resources, tools, and guidance through their website. This includes best practices for schools, workplaces, and communities responding to suicide loss, as well as support materials to help individuals and groups navigate the emotional, logistical, and systemic impacts of a suicide death.

LOSS Teams: The official LOSS Team website offers information and resources about the Local Outreach to Suicide Survivors (LOSS) model, which provides immediate, peer-based support to suicide loss survivors at the scene. The site includes guidance on starting a LOSS Team, training materials, and success stories from communities using the model to foster healing and hope after a suicide.

AFSP After a Suicide: This interactive toolkit provides guidance for workplaces responding to a suicide death. It includes practical steps for postvention planning, supporting employees, managing communication, and promoting healing while reducing the risk of additional suicides. The toolkit is designed to help workplaces of all sizes respond with compassion and effectiveness.

The Impact of Suicide on Professional Caregivers: A Guide for Managers and Supervisors: Developed by the New York State Office of Mental Health, this guidance document provides a structured approach to postvention in a clinical setting. It includes how to address grief, debriefing staff and clients, supporting those affected by the death, and contact with family and other survivors of the suicide loss.

Strategic Direction 5

Advancing Clinical Suicide Prevention, Intervention, and Crisis Response

Strategic Direction 5 emphasizes the critical need to integrate comprehensive suicide prevention across all healthcare and crisis response settings. Individuals at risk of suicide often interact with multiple points of care — from primary care, behavioral health, and emergency departments to crisis call centers, mobile crisis teams, and crisis stabilization centers. It is critical that every part of these system are equipped to provide timely, effective, and coordinated suicide prevention and crisis care.

This approach requires the full integration of evidence-based, suicide-specific practices as a core component of healthcare. Providers must consistently identify, engage, treat, and follow individuals at risk, ensuring treatment continuity across care transitions and improving outcomes through suicide-specific interventions. Equally important is the strength of New York's crisis response system, including the expansion of 988 services, mobile crisis teams, and crisis stabilization centers. These services must be accessible across all communities and delivered in a trauma-informed, culturally responsive, and non-stigmatizing manner that aligns with community needs.

Ongoing training for healthcare professionals, crisis responders, and frontline staff is essential to building competence and confidence in delivering high-quality suicide prevention services. At the same time, strengthening system-wide data collection, including tracking suicide risk, attempts, deaths, and outcomes across care settings, will support continuous quality improvement and greater accountability throughout the organization.

A sustained commitment to improving clinical and crisis care is vital for reducing suicide risk, improving recovery outcomes, and building a healthcare system where mental health care is delivered with the same urgency and quality as physical health care. Through these efforts, New York State can expand access to life-saving services, ensure timely and effective crisis response, and foster a more coordinated, compassionate system of care for individuals at suicide risk.

> *"This means equipping first responders, educational institutions, law enforcement, medical professionals with the appropriate responses that support rather than further escalate a crisis. Focusing on emergency rooms to be more client friendly and efficient when it comes to handling individuals in crisis. Increase options for crisis response for youth that is efficient and supportive to the youth and their families."*
>
> *– Anne Nowak, Suicide-Centered Lived Experience Survey Respondent*

Goal 19

Implement and integrate effective suicide prevention services as a core component of health care.

Objective 19.1:

> Implement effective suicide-safer care services, practices, and protocols that identify, engage, treat, and support care transitions with individuals at risk of suicide, as the standard of care in healthcare settings.

Objective 19.2:

> Improve continuity of care and engagement for individuals at risk of suicide, including those with co-occurring substance use and mental health disorders, with a particular emphasis on transitions from crisis, emergency, and hospital settings to community-based care.

- **19.2.1:** Identify and promote culturally-responsive, community-based care and suicide-specific interventions that foster connection and support recovery, particularly for individuals who have survived a suicide attempt or struggle with suicidal thoughts.
- **19.2.2:** Promote and support the use of electronic health records to track and facilitate implementation of best practices for suicide prevention.

Objective 19.3:

> Ensure that healthcare professionals are competent in delivering high-quality and effective suicide prevention services through comprehensive, culturally and trauma-informed suicide prevention trainings as part of both their initial training and continuing education. ***See also Goal 7.***

Objective 19.4:

> Promote and provide resources for health care and behavioral health organizations to systemically track suicide risk, attempts, and deaths in their patient populations.

Objective 19.5:

> Promote and provide effective practices and interventions that encourage safe storage and other efforts to reduce access to lethal means for individuals at elevated suicide risk in health care settings.

Objective 19.6:

> Advance and implement suicide-safer care standards across behavioral health services and settings.

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Goal 19

Implement and integrate effective suicide prevention services as a core component of health care.

What Success Looks Like

Success in achieving Goal 19 will result in the coordinated integration of suicide prevention as a core component of healthcare services across New York State. Comprehensive, suicide-specific care practices, including universal suicide screening, comprehensive risk assessment, suicide-centered safety planning, counseling on access to lethal means, and access to suicide-specific treatment, will be consistently applied across all healthcare settings, following frameworks such as Zero Suicide. Healthcare providers will ensure smooth transitions from crisis, emergency, and hospital care settings to community-based services, with rapid follow-up tailored to individual needs and level of suicide risk.

Widespread adoption of suicide-safer care protocols in both behavioral and non-behavioral healthcare settings, including primary care, emergency departments, and medical facilities, will support more consistent, coordinated care for individuals at risk. Healthcare professionals will receive culturally relevant and trauma-informed suicide prevention training as part of both onboarding and continuing education, ensuring that all staff are equipped to provide effective, compassionate care.

Additionally, healthcare organizations will systemically track suicide risk, attempts, and deaths using electronic health records and Regional Health Information Organizations (RHIOs), supporting data-informed care coordination and continuous quality improvement. Healthcare systems will not only work to prevent suicide through proactive, coordinated care, but also provide ongoing support, including peer support programs that strengthen recovery pathways for individuals who have survived a suicide attempt or continue to experience suicide risk.

Through these efforts, suicide prevention will become an integral part of healthcare practice statewide, improving outcomes, reducing suicide risk, and saving lives.





Spotlight Story

Cayuga Health System's Zero Suicide Initiative

Submitted by Cayuga Health

Cayuga Health System (CHS) re-energized its Zero Suicide initiative in July 2023, launching a series of impactful activities to strengthen our suicide prevention efforts. We began with a Zero Suicide grand rounds, followed by the formation of implementation teams across all areas of the health system. Additionally, we completed organizational self-studies and expanded our steering committee to include individuals with lived experience, ensuring diverse perspectives in our approach. A workforce survey was conducted with over 400 responses, providing valuable insights into our staff's engagement and readiness.

As we prepare to go live with Epic, we've worked diligently to ensure that Epic's Zero Suicide resources are seamlessly integrated into our workflows, enhancing our ability to deliver evidence-based suicide prevention interventions. These efforts are contributing to a culture of safety and support within our organization and are expected to make a meaningful impact on suicide prevention in our community.

Resources to Consider

Zero Suicide Framework: A comprehensive, system-wide approach to suicide prevention in health and behavioral health care systems. It emphasizes leadership commitment, workforce training, identification and engagement of individuals at risk, evidence-based treatment, and continuous quality improvement to ensure safer care transitions and reduce suicide rates.

Zero Suicide Model Implementation and Suicide Attempt Rates in Outpatient Mental Health Care: Published in April 2025, this quality improvement study evaluated the association between implementing the Zero Suicide model and suicide attempt rates across multiple health systems. Analyzing data from over 55,000 to 450,000 individuals monthly, the study found that three of four systems experienced reduced suicide attempt rates following implementation, while a fourth maintained a lower sustained rate. The findings support the value of the Zero Suicide model in outpatient mental health care settings.

National Action Alliance for Suicide Prevention – Best Practices in Care Transitions: A set of evidence-based recommendations aimed at improving care transitions for individuals at risk of suicide, particularly during the critical periods from emergency departments and inpatient care to outpatient services. The guidelines focus on enhancing patient engagement, ensuring continuity of care, and reducing suicide risk during these vulnerable transitions.

Means Matter Campaign: An initiative that promotes reducing access to lethal means, such as firearms and medications, as a key strategy in suicide prevention. The campaign provides research, resources, and guidance for clinicians, communities, and families to implement means safety measures effectively.

Stanley-Brown Safety Planning Intervention: A brief, collaborative intervention between clinicians and individuals at risk of suicide. It involves developing a personalized safety plan that includes coping strategies, sources of support, and steps to reduce access to lethal means, aiming to mitigate acute suicide risk and enhance patient safety.

Suicide Prevention Toolkit for Primary Care Practices: A comprehensive SPRC toolkit designed to assist primary care providers in implementing suicide prevention practices. It includes assessment guidelines, safety planning resources, billing tips, and sample protocols to help integrate suicide prevention into routine primary care settings effectively.

Cultural Assessment of Risk for Suicide (CARS): A screening tool designed to measure cultural variations in suicide risk across different ethnic and sexual minority groups. By helping identify cultural risk factors, this tool supports behavioral health providers in working to tailor suicide prevention efforts to unique cultural contexts.

Goal 20

Improve the quality and accessibility of crisis care services across all communities in New York State, ensuring that individuals in every region have access to timely and effective behavioral health support during suicidal crises.

Objective 20.1:

> Enhance and expand the comprehensive crisis response system through targeted quality improvement initiatives to ensure equitable access to all levels of crisis support, including 988 crisis hotlines, mobile crisis teams, and crisis stabilization centers.

Objective 20.2:

> Establish new and strengthen existing bidirectional partnerships between 988 centers and 911 Public Safety Answering Points (PSAPs) to improve access to appropriate, effective and trauma-informed crisis response services.

Objective 20.3:

> Expand and strengthen mobile crisis teams across all 62 New York State counties to reduce law enforcement involvement and ensure appropriate, non-police responses for individuals contacting 988 or 911 with suicidal thoughts.

- **20.3.1:** Enhance outreach efforts to all communities, especially those that have limited access to mental healthcare, to raise awareness of available crisis support services while ensuring these communities feel safe, respected, and supported in accessing and utilizing these resources.

Objective 20.4:

> Enhance timely access throughout the crisis care continuum to comprehensive risk assessment, safety plan intervention, lethal means safety counseling, and follow-up care for individuals at risk of suicide.

Objective 20.5:

> Ensure that healthcare providers are fully informed about the services available through the comprehensive crisis response system, fostering seamless collaboration and support for individuals in crisis.

Objective 20.6:

> Ensure that 988 crisis counselors and other workers in crisis services provide effective, trauma-informed and responsive suicide prevention services to all residents, especially for individuals with substance use disorders and populations with suicide disparities.

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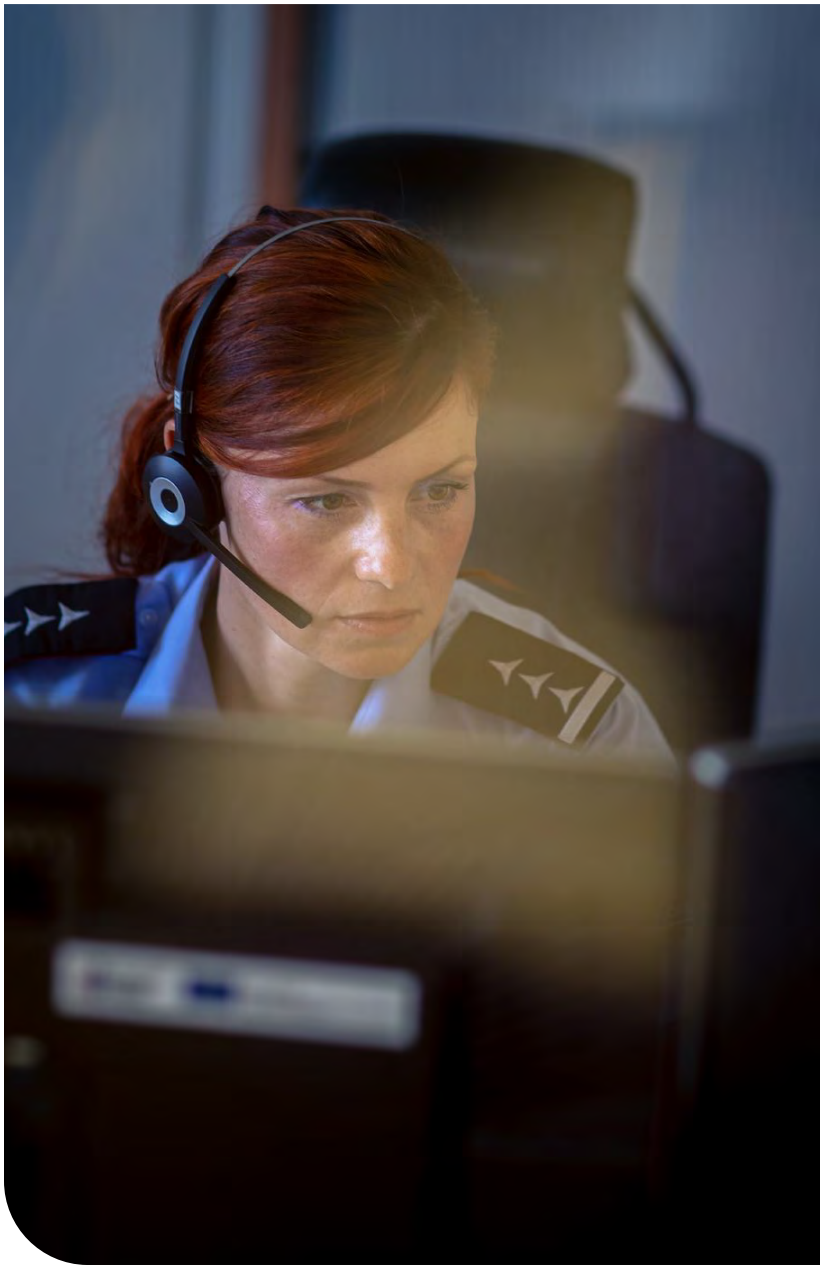
Goal 20

Improve the quality and accessibility of crisis care services across all communities in New York State, ensuring that individuals in every region have access to timely and effective behavioral health support during suicidal crises.

What Success Looks Like

Achieving this goal will establish a well-integrated crisis care system, ensuring that individuals across New York State receive timely, appropriate support during suicidal crises. Regardless of their background or location, all New Yorkers at risk of suicide will have immediate access to crisis services, including 988 crisis hotlines, mobile crisis teams, and crisis stabilization centers. Strengthened coordination between 988 and 911 will connect individuals to the most appropriate trauma-informed care, reducing unnecessary law enforcement involvement. Expanding mobile crisis teams, particularly in communities with limited access to care, will provide compassionate, non-police interventions, while crisis stabilization centers will increase access to short-term, intensive support and improve care transitions.

Crisis providers and responders will be equipped with training to effectively support individuals in suicidal distress, including individuals with substance use disorders and those from communities at higher risk of suicide. Healthcare providers will be informed and engaged with the crisis care system, helping to foster seamless coordination and support. Targeted outreach will raise awareness of available crisis services and build trust among those that have historically faced barriers to quality and responsive care. Through these efforts, New York State will expand access to life-saving crisis care, reduce suicide deaths, and ensure individuals in every community receive the support they need.



Spotlight Story

Expanding the 988 Suicide and Crisis Lifeline in New York State

Submitted by NYS Office of Mental Health Bureau of Crisis, Emergency, and Stabilization Initiatives

The 988 Suicide and Crisis Lifeline, formerly known as the National Suicide Prevention Lifeline, officially launched across the nation in July 2022. The 988 Lifeline has been offering an accessible means of communication for the millions experiencing emotional distress while de-stigmatizing seeking mental health support. Since the launch, New York State (NYS) has become a national leader in coordinated comprehensive crisis response services.

In NYS, fourteen 988 Contact Centers are operating 24/7/365 and responding to calls, chats, and texts in all 62 counties. Contact Centers have successfully been able to hire, train, and retain crisis counselors to meet the growing demand of New Yorkers seeking crisis support. By expanding the workforce and more rapidly answering a higher volume of calls, NYS has successfully managed an 80% increase in 988 call volume from 2023 to 2024.

In September 2024, Governor Hochul's office launched the statewide 988 Awareness Campaign for Suicide Prevention Month. Since then, 988 advertisements can be seen on billboards, Stewart Shops, Telemundo, LinkedIn, Facebook, Netflix, Hulu, college campuses, sporting arenas, public transportation, and other social media, music, and streaming platforms designed to reach a large diverse target audience.

Since the inception of the 988 Lifeline in July 2022 through February 2025, NYS has received 854,997 calls, 134,631 texts, and 128,753 chats. Most recently, in January 2025, NYS had the highest call volume in a one-month timeframe with 39,436 calls being routed to NYS Contact Centers. That same month, NYS also had its best in-state answer rate to date, answering 92% of calls originating in NYS.

Resources to Consider

New York State 988 Suicide & Crisis Lifeline: A confidential service connecting individuals to trained crisis counselors 24/7. It offers support for those experiencing suicidal thoughts, substance use issues, mental health crises, or emotional distress. Concerned individuals can also reach out on behalf of others.

SAMHSA National Guidelines for a Behavioral Health Coordinated System of Care: The document lays out a national vision and framework for transforming crisis response into a coordinated continuum, emphasizing integration, timely access, and quality outcomes across behavioral health, substance use, and co-occurring crises. It further defines overarching principles (e.g., person-centered, trauma-informed, developmentally-appropriate services) and provides updated guidance on implementation including data/quality improvement, financing, workforce, and technology to support jurisdictions in designing, developing, sustaining and scaling crisis systems.

Daniel's Law Task Force: The Daniel's Law Task Force is a multi-agency and interest holder group created under 2023 New York State laws and convened by the Office of Mental Health in partnership with OASAS. The task force is charged with assessing the state's behavioral health crisis response. Its final report, which includes insights, roadmaps, and tools for comparison, is available along with appendices, such as the below report.

Transforming New York State Crisis Response – NYSTEC Summary of Findings: A 2024 report highlighting the need for trauma-informed, community-based crisis services in New York State. The findings emphasize strategies that prioritize cultural responsiveness, harm reduction, and support across the lifespan.

Crisis Now: A national initiative providing a roadmap for transforming mental health crisis response systems. It emphasizes a comprehensive approach that includes 24/7 crisis call centers, mobile crisis teams, and crisis stabilization facilities to divert individuals from emergency departments and the justice system.



Conclusion

The strategic directions and goals laid out in this Strategy provide a roadmap for embedding suicide prevention into the daily work of healthcare providers, crisis responders, community organizations, workplaces, schools, and individuals across New York State. As New Yorkers navigate today's increasingly complex world, together we must form a safety net for those in need. Preventing suicide is not the work of any single initiative or organization. It requires an ongoing, collective effort to create systems and communities where every person is supported, valued, and connected - where "suicide prevention is everybody's business." Each of us has a responsibility, regardless of role or background, to take action, support one another, and help save lives.



About the Organizations That Contributed to This Document

The New York State Office of Mental Health's Suicide Prevention Center of New York (OMH SPCNY)

Established in 2009, the New York State Office of Mental Health's Suicide Prevention Center of New York (SPCNY) sits within the Office of Prevention and Health Initiatives. OMH's SPCNY is the lead entity in suicide prevention in New York charged with coordinating and advancing suicide prevention efforts for New York State. OMH SPCNY works to reduce suicide attempts and deaths across New York State by fostering collaboration, providing education, and supporting implementation of effective interventions within healthcare systems, schools, workplaces, and communities.

SPCNY leads a range of state and federally funded initiatives, focused on integrating systemic suicide prevention in healthcare settings, supporting community infrastructure to advance suicide prevention in communities and schools, with a focus on populations at elevated risk. SPCNY also supports community- and school-based suicide prevention through tailored training programs and resources for all New Yorkers, including clinicians, healthcare workers, educators, and community members statewide. These efforts also include the development and sharing of suicide prevention communications, such as public awareness campaigns designed to increase understanding of suicide risk and promote use of the 988 Suicide & Crisis Lifeline. Guided by data-driven strategies, SPCNY continuously refines its efforts, targeting impact and sustainability through the evaluation of suicide prevention programs and trainings.

The New York State Suicide Prevention Council

The New York State Suicide Prevention Council serves as an advisory body to the Office of Mental Health's Suicide Prevention Center of New York (SPCNY), with a mission "to advise and assist SPCNY in its work and to amplify its impact across the state."

Comprised of subject matter experts, including researchers, healthcare providers, individuals with suicide-centered lived experience, community leaders, representatives from state and county agencies, and members of various community organizations, the Council provides expert guidance, actionable recommendations, and diverse perspectives to inform SPCNY's statewide suicide prevention initiatives.

Council workgroups focus on key priority areas—healthcare, youth and schools, data, health equity, and community and coalitions—working collaboratively to strengthen prevention, intervention, crisis response, education, and advocacy across New York State. Members contribute their time on a voluntary basis, united by a shared commitment to creating a safer New York and advancing the ultimate goal of zero suicides. By harnessing collective expertise, the Council plays a vital role in supporting and amplifying effective, community-informed suicide prevention throughout New York State.

In partnership with county suicide prevention coalitions, SPCNY also provides expertise, resources, and technical assistance to build local capacity for suicide prevention. Additionally, following a suicide death, SPCNY offers postvention guidance and support to help communities heal, reduce the risk of contagion, and foster recovery.

Through innovative programs, trusted relationships, and by providing support and expertise across systems and communities, SPCNY strives to create a New York where fewer lives are lost to suicide, and where all communities are equipped to promote hope, connection, and healing. Visit **www.preventsuicideny.org** for more information.

Acknowledgements

Project Management Team

Kara Brodzinski, MA
Jay Carruthers, MD
Gregory Eves
Tricia Hartnett, MSW
Jenna Heise, MA, NBCC
Garra Lloyd-Lester
Paige Lorette, LMHC
Diana Paksarian, PhD, MPH
Alexi Saldamando, LCSW
Kristen Stanton, MS, CAS

Project Advisors & Support

NYS Office of Mental Health

Dana Cohen, MPA
Emily Derrenbacher
Robin Dickinson, MHA
Audrey Erazo-Trivino, PsyD
Katerina Gaylord, LMSW
Isabella Hou, MPH
Sabrina Howard, MPH
Rachel Jacobs
Stephanie Lao, MSW
Cohen Miles-Rath, MSW
Maureen Obie
Talia Santiago-Bonds
Loretta Santilli, MPH
Ashley Tyrell
Nadine Zesky

NYS Suicide Prevention Council Members

Michael Bauer, MS
Ariel Davis, MEd
Gabrielle Doyle, MA
Stephanie Gamble, PhD
Rosa Gil, PhD
Madelyn Gould, PhD, MPH
Nathaniel Gray, MSW
Ellen Greeley
James Hendon
Grace Hennessy, MD
Leah Hines
Rebecca Hoen, DrPH, MS
Shazia Hussain, MPH
Oscar Jiménez-Solomon, PhD, MPH
Ann Lanoue, RN, BSN, MBA
Julie Laurence, LMSW
Emily Leckman-Westin, PhD
Tatiana Ledneva, MS
Glenn Liebman
Kathleen Liedka
Shye Louis, MEd
Rashanna Lynch, MD
Misha Kessler
Sharon MacDougal, MBA, MS, MSW
LCSWR Scott MacLeod
Steve Miccio, CPRP
Pamela Morris-Perez, PhD
Christina Norman, PhD
Michael Paff, EdD, NCSP
Jessica C. Pirro, LMSW
Anthony R. Pisani, PhD, ABPP
Chandra Redfern, MS
Renee Rider, MEd
Mitchell Samet, PhD
Michael A. Scharf, MD
Trisha Schell-Guy
Victor Schwartz, MD
Christine Shields, LCSW-R
Brady Stephens, M.S.
Missy Stolfi, MEd
Mark K Su, MD, MPH
Melissa Tracy, PhD, MPH
Tomoko Udo, PhD
Katie Urtnowski, SPHR
Justice Walcott
Peter A. Wyman, PhD

» CONTINUED ON NEXT PAGE

Subject Matter Expert Reviewers

Hilary Avallone
Erica Baslow
Gilly Cantor, MPA
Beatriz Coronel, Assistant VP, Life is Precious
Ariel Davis, MEd
Gabrielle Doyle, MA
Samantha Fletcher, PhD, MSW
Karen Fuller, FPA-C
Stephanie Gamble, PhD
Nathanial Gray, MSW
Karen Heisig
Terri Morse, LMHC, CASAC-Master
Gregory Mruk, Executive Director, NY FarmNet
Deacon Gregory Owens
Michael Paff, EdD, NCSP
Anna Platz, MPH
Pamela Morris-Perez, PhD
Benjamin Pomerance, Esq.
Charles Rice
Caroline Silva, PhD
Tiara Springer-Love, LMSW
Chuck Strand, Rural Minds
Tony M. Trahan
Jeff Winston, Rural Minds

Suicide-Centered Lived Experience Reviewers

We extend our deepest gratitude to the individuals with suicide-centered lived experience who courageously shared their stories, insights, and feedback throughout the development of this Strategy. Their voices were essential in shaping an approach that is grounded in compassion, relevance, and the realities of those most impacted.

Glossary

Definitions below are derived from the 2024 National Strategy for Suicide Prevention[19], unless otherwise noted.

adverse childhood experiences (ACEs): Potentially traumatic events that occur in children's formative years (0–17), which could include experiencing violence, abuse, or neglect or growing up in an environment that undermines a child's sense of safety, stability, and bonding[31].

behavioral healthcare: mental health and substance use disorder services.

bereaved by suicide: Individuals who have been impacted by the loss of a loved one to suicide (also referred to as survivors of suicide loss).

care transitions: The period of time between inpatient and outpatient behavioral health care services, known to be a time of increased vulnerability and risk for patient suicide[32].

continuity of care: Process of ensuring ongoing care delivery and care coordination across providers and care teams.

continuous quality improvement: A data-informed process to measure implementation efforts over time and identify needed adjustments to reach success.

co-occurring disorders: A mental health condition and a substance use disorder (e.g., depression and alcohol abuse) occur together.

culturally responsive: A practice that acknowledges background and cultural differences to make adaptations tailored to meet an individual's needs.

culture: The integrated pattern of human behavior that includes thoughts, communication, actions, customs, beliefs, values, and institutions of a racial, ethnic, faith, or social group.

disparities: differences in outcomes and opportunities that are closely linked to social, economic, and environmental disadvantage. These can appear in many forms, but most commonly as social disparities, such as unequal access to education, housing, employment, and income, and health disparities, which are preventable differences in disease, injury, access to care, or overall health. Social disparities often contribute to or worsen health disparities by limiting the conditions that support well-being and quality of life[33].

equity: "the absence of unfair, avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically or by other dimensions of inequality (e.g. sex, gender, ethnicity, disability, or sexual orientation)[34]."

evidence-based programs: Programs, practices, activities, policies, procedures, and interventions that are guided by the best research evidence with practice-based expertise, evaluation, cultural competence, and the values of the persons receiving the services and that promote positive individual-level or population-level outcomes.

familismo: "Familismo refers to a strong sense of identification with, and loyalty to, nuclear and extended family. It also includes a sense of protection of familial honor, respect, and cooperation among family members. Through these values, individuals place their family's needs over their own personal desires and choices"[35].

lethal means: Objects, substances, or places someone may use to attempt suicide[36].

lethal means safety: "Techniques, policies, and procedures designed to reduce access or availability to means and methods of deliberate self-harm" (e.g., medications, firearms, sharp instruments that can be used to inflict self-directed violence)[36].

morbidity: The state of having a disease or illness. Often used in research as morbidity rate to describe the frequency of those with disease or illness for specific populations.

mortality: The state of being mortal or susceptible to death. Often used in research as mortality rate to describe the frequency of deaths for specific populations.

peer support: A mutual process where individuals who share common experiences or face similar challenges come together as equals to give and receive help, drawing on the knowledge gained through lived experience. Peer support fosters connection, reduces isolation, and offers a space to learn from others who have navigated similar difficulties[37].

Glossary

populations with suicide disparities: refers to population groups that experience higher rates of suicidal thoughts, attempts, or deaths compared to the general population, or for whom rates are increasing. These elevated risks are often linked to social, economic, cultural, or environmental factors that increase vulnerability and reduce protective supports.

postvention: Policies, programs, practices, and supports implemented in the aftermath of a suicide loss, attempt, or crisis intended to reduce further risk for suicide.

protective factors: Individual, relationship, community, and environmental elements that make a negative outcome less likely.

Regional Health Information Organizations (RHIOs): Entities established to support the secure exchange of electronic health records (EHRs) among hospitals, physicians, and other health care providers. Their goal is to improve care coordination, enhance public health reporting, and ensure that accurate and timely health information is accessible across the health care system[38].

resilience: Capacities within a person or group that promote positive outcomes, such as mental health and well-being, and provide protection from factors that might otherwise place that person at risk for adverse health outcomes.

risk factors: Individual, relationship, community, and environmental elements that make a negative outcome more likely.

safe messaging: "Media or personal communications about suicide or related issues that do not increase the risk of suicidal behavior in vulnerable people, and that may increase help-seeking behavior and support for suicide prevention efforts"[35].

suicidal ideation: refers to thoughts about, consideration of, or preoccupation with death and suicide. These thoughts can range from fleeting or occasional to persistent and overwhelming. In some cases, they may include detailed planning to take one's own life[39].

safe/secure storage: Refers to the practice of securely storing or removing firearms, medications, cleaning products, and other potentially harmful household items to prevent access and reduce the risk of serious injury or suicide[40].

social determinants of health: The conditions in the environments where people are born, live, learn, work, play, worship, and age that influence a wide range of health outcomes, functioning, and quality of life. These factors shape individual and community well-being and can create or reduce health risks[41].

Social Emotional Learning (SEL): the process of developing the skills needed to understand and manage emotions, set and achieve goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions[42].

suicide attempt: a self-directed, potentially injurious behavior with intent to die as a result of the behavior. A suicide attempt might not result in death or injury[43].

suicide-centered lived experience: "Individuals with suicide-centered lived experience can include those who have had thoughts of suicide or attempted suicide, lost a loved one to suicide, or provided substantial support to a person with direct experience of suicide"[44].

suicide prevention infrastructure: Concrete, practical foundation or framework that supports suicide prevention-related systems, organizations, and efforts, including the fundamental parts and organization of parts that are necessary for planning, implementation, evaluation, and sustainability[45].

suicide-related indicators: Data related to suicide thoughts, nonfatal attempts, and deaths.

Glossary

suicide-safer care: A care approach in health and behavioral health services that ensures individuals at risk for suicide are identified, supported, and treated with evidence-based practices. It ensures embedding suicide prevention into every aspect of care through routine screening, safety planning, lethal means counseling, follow-up, and workforce training so that every interaction with the care system actively works to reduce suicide risk[46].

surveillance: The ongoing, systematic collection, analysis, and interpretation of health-related data essential to planning, implementation, and evaluation of public health practice, closely integrated with the timely dissemination of these data to those responsible for prevention and control[47].

syndromic surveillance: An innovative public health monitoring approach that tracks symptoms reported by patients—often in emergency departments—before a diagnosis is confirmed. This system allows public health officials to detect, understand, and respond to emerging health events more quickly by identifying unusual patterns or increases in illness that may indicate a broader public health concern[48].

trauma-informed approach: A program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; responds by fully integrating knowledge about trauma into policies, procedures, and practices; and seeks to actively resist re-traumatization[49]. Referred to variably as trauma-informed care or trauma-informed approach.

upstream prevention: Also called primary prevention, refers to community-based efforts that address risk and protective factors before the onset of a crisis at the individual level. Such factors may include improving financial security and healthy connections, while decreasing exposure to trauma, racism, or disparate access to health care.

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